

PREA Facility Audit Report: Final

Name of Facility: Macon Youth Development Campus

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/30/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 03/30/ 2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	02/13/2023
End Date of On-Site Audit:	02/15/2023

FACILITY INFORMATION	
Facility name:	Macon Youth Development Campus
Facility physical address:	4160 Riggins Mill Road, Macon, Georgia - 31217
Facility mailing address:	

Primary Contact	
Name:	Deadra Roberts
Email Address:	deadraroberts@djj.state.ga.us
Telephone Number:	404-276-0612

Superintendent/Director/Administrator	
Name:	Cynthia Dupree
Email Address:	cynthiadupree@djj.state.ga.us
Telephone Number:	470-230-7092

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

Facility Health Service Administrator On-Site	
Name:	Chad Whitehead
Email Address:	chadwhitehead@djj.state.ga.us
Telephone Number:	478-845-8666

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	38
Average daily population for the past 12 months:	38
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Females
Age range of population:	14-20
Facility security levels/resident custody levels:	All
Number of staff currently employed at the facility who may have contact with residents:	93
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	27

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:	Latera Davis	Email Address:	lateradavis@djj.state.ga.us
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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:

3

- 115.331 - Employee training
- 115.351 - Resident reporting
- 115.354 - Third-party reporting

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-13
2. End date of the onsite portion of the audit:	2023-02-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Stepping Stone (CAC) (Out Advocate) Just Detention International (no information received)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	38
16. Number of inmate/resident/detainee housing units:	5
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	39
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>7</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The auditor was provided a resident roster upon arrival to the facility, through discussion with the Facility Director and Counseling staff, targeted groups of residents were identified.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>41</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Staffing at the Macon Youth Development Campus consist of upper-level staff, security staff, administrative staff, mental health staff, and food service staff employed by the Department of Juvenile Justice. Medical staff are contracted through Augusta University to provide services to residents. The facility reports, twenty-seven volunteers authorized to enter the facility and provide services to residents.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Using the Macon Youth Development Campus Housing List, the auditor selected residents from each Cottage for interview. To ensure a geographically diverse population, the auditor selected residents for interview by age, race, and ethnicity.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor had no barriers completing randomly selected resident interviews. Staff assisted the auditor by ensuring youth were readily available for interview.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
<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>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	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>Staff at the facility confirmed there were no residents housed at the facility that had a physical disability during the on-site portion of the audit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that had cognitive disabilities during the on-site portion of the audit.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that had low vision or blind during the on-site portion of the audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that was deaf or hard-of-hearing during on-site portion of the audit.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that was considered LEP during the on-site portion of the audit. However, the auditor did interview a resident that was Hispanic that spoke fluent English.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that identified as transgender or intersex during the on-site portion of the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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>Staff at the facility confirmed there were no residents housed at the facility that reporting sexual abuse during the on-site portion of the audit. However, the facility did have allegations of sexual abuse during the 12-months preceding the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>7</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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>Macon Youth Development Campus reported on the Pre-Audit Questionnaire, the facility does not utilize isolation for residents who may be at risk for sexual victimization. Any residents at risk of sexual victimization would be transferred to another facility immediately to ensure the resident's safety.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The facility also interviewed two (2) residents housed at the facility that alleged sexual harassment. These youth are also counted with the targeted residents interviews. The auditor had no barriers completing targeted resident interviews. Staff assisted the auditor by ensuring youth were readily available for interview. One targeted resident met two of the targeted categories, reported prior sexual victimization and reported an allegation of sexual abuse.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. 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>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor selected staff by shift and work assignments. There were no barriers completing randomly selected staff for interview.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>18</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. 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)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. 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:	1
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 type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor selected specialized staff for interview using the PRC Specialized Staff Interview Protocol.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the on-site portion of the audit, the auditor was given complete access to, and the ability to observe, all areas of the audited facility. During the site tour, the auditor conducted informal interviews with residents, contractors and staff. There were no volunteers on-site during the on-site portion of the audit.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed the agency's policies and supporting documentation uploaded into the Pre-Audit Questionnaire. During on-site portion of the audit, the auditor reviewed additional documentation confirming compliance with all PREA Standards. The facility's HR department completed the personnel file audit for all staff hired and promoted during the twelve months preceding the audit. All files had current backgrounds and current training. After the on-site portion of the audit, the auditor requested staffing data for the twelve months preceding the audit; the facility provided the information expeditiously.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	17	0	17	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	18	1	18	1

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

94. 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	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	12
Staff-on-inmate sexual abuse	1	0	8	9
Total	1	0	8	9

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

8

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>101. 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>102. 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. 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>105. 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. 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>110. 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	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. 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)
113. 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)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The auditor reviewed nine (9) administrative investigations, eight (8) youth-on-youth sexual abuse, all were determined to be substantiated and one (1) youth-on-youth sexual harassment investigation that was determined to be unsubstantiated. The facility reported on the Pre-Audit Questionnaire in Standard 115.322, the facility had fifteen (15) PREA allegations during the 12-months preceding the audit, with one (1) allegation was determined to be unfounded, this was reported in Standard 115.373 on the Per-Audit Questionnaire. However, after review of investigations by the PREA Compliance Specialist it was determined the facility reported eighteen (18) PREA allegations during the 12-months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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>The following documents and policy(s) were reviewed to determine compliance with standard 115.311:</p> <ol style="list-style-type: none"> 1. Macon Youth Development Campus Pre Audit Questionnaire 2. Policy Number 23.1 Prison Rape Elimination Act (PREA) Section I and Section III pg.1-2, Section IV pg.5-6, Section XI pg. 27-28 3. Policy Number 1.2 Organizational Chart 4. Policy Number 23.2 Sexual Assault 5. Policy Number 23.1 Attachment K, Requirements of a PREA Case 6. DJJ Organizational Chart 7. Macon Youth Develop Organizational Chart 8. Macon Youth Develop accountability statement <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p>

1. Agency PREA Coordinator

2. Facility PREA Compliance Manager

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.311 (a). DJJ, and the Macon Youth Development Campus, has a written policy 23.1 Prison Rape Elimination Act (PREA), describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (p.1). The policy outlines how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy also includes sanctions for youth that are found to have participated in prohibited behaviors. Policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents, (pp 2-3). The policy defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for confined persons if upon investigation, these behaviors are found to be coerced.

115.311 (b): Review of the Department of Juvenile Justice's Policy Number 1.2 Organizational Chart (p. 1) states, "The Department of Juvenile Justice, including each division, facility/program, and office, shall have an organizational chart that reflects the current structure of authority, responsibility, and accountability within the organization". The Office of Professional Development & Standards has appointed an upper-level agency wide PREA Coordinator. This position is executive management and reports directly to the DJJ Commissioner. Her duties include the authority to develop, implement and oversee PREA requirements and she has enough time to carry out those duties. Emphasis on PREA implementation practices at the facility level, to include policies and procedures, training, PREA literature, and the culture surrounding sexual safety.

115.311 (c): The agency operates more than one facility; each facility designates a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Macon Youth Development Campus has designed the Compliance Manager as the PREA Compliance Manager. Due to unforeseen medical emergency, the PREA Compliance Manager was not available for interview. The facility has designated a backup PREA Compliance Manager as the Assistant Director of Programs and he was interviewed as PREA Compliance Manager. He stated during interview, he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He reports directly to the Facility Director.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.312	Contracting with other entities for the confinement of residents
	<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 1471 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.312:</p> <ol data-bbox="280 456 1461 949" style="list-style-type: none"> 1. Macon Youth Development Campus Pre-Audit Questionnaire 2. Policy Number 23.1 Prison Rape Elimination Act (PREA) Section IV.C pg.6, Section XIII. C 2a-h pg. 31-32 3. Policy Number 2.16 Contracts Administration Section I pg. 1 4. DJJ Unannounced Virtual Audit Tool Audits 5. Contract With Four Seasons of Love Youth Home 6. Living Our Lives Comprehensive Audit Tool 7. Gentle Living Care Contract 8. Chenault Youth Services Contract 9. Chenault Youth Services Contract Unannounced Audit 10. Right Path Oasis Group Home Contract 11. Anchor of Hope House Contract <p data-bbox="280 990 1426 1025">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 1066 517 1102">Specialized Staff</p> <ol data-bbox="280 1137 753 1173" style="list-style-type: none"> 1. Agency Contract Administrator <p data-bbox="280 1214 1439 1290">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1330 1477 1608">115.312 (a): Agencies that contracts for the confinement of its residents with private agencies, other entities, or other government agencies, include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The Department of Juvenile Justice contracts for the confinement of residents, the agency entered into or renewed with private entities or other government agencies is later, all contracts require contractors to adopt and comply with PREA standards.</p> <p data-bbox="280 1648 1458 1971">115.312 (b): All new contracts or contract renewal audited by the Department of Juvenile Justice are monitored to ensure that the contractor is complying with the PREA standards. The interview with the Agency Contract Administrator confirmed Macon Youth Development Campus contracts with private entities for the confinement of confined persons. The Agency PREA Coordinator indicated contracted facilities are also on a 3-year audit cycle. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.312 based upon documentation provided and interviews conducted.</p> <p data-bbox="280 2011 1433 2087">In response to the Pre-Audit Questionnaire, the facility reports the Department of Juvenile Justice contracts with forty-one (41) vendors for the confinement of</p>

	<p>residents. The Agency conducts Unannounced Virtual Audits to ensure PREA compliance. Review of vendor contracts contains the requirements of PREA compliance.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.312 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.313:</p> <ol style="list-style-type: none"> 1. Macon Youth Development Campus Pre-Audit Questionnaire 2. Policy Number 23.1 Prison Rape Elimination Act (PREA) Section IV. D-J pg. 6-7 3. Policy Number 7.6 Video Monitoring System 4. Policy Number 8.1 Security Management Section V pg. 4-6 5. Policy Number 8.20 Room Checks 6. Policy Number 8.2 Administrative Duty Officer Section III. K-L pg. 3 7. Macon Youth Development Campus Staffing Plans, 2021, 2022 8. Macon Youth Development Campus Unannounced Rounds 9. 2021 PREA Annual Report 10. Security Facility Staffing Reports (33) 11. Unannounced Rounds (17) 12. List of Cameras/Locations 13. Justification Letter 14. Deviation of Staffing Plan Memo 15. List of Restricted Doors 16. CCTV Viewing Log <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Facility Director 2. Facility PREA Compliance Manager 3. Staff who conduct Unannounced Rounds <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p>

1. Observations of Staffing Plan on all shifts.
2. Observations of camera locations.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.313 (a): The facility has developed, implemented, and document a staffing plan that provides for adequate staffing levels, the facility also uses video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities 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. The auditor reviewed staffing reports for 2021, and 2022, all reports meet the standard requirements.

DJJ Policy 7.6 (p. 1) states "The Department of Juvenile Justice shall use a stationary video monitoring system to assist in ensuring the safety and well-being of youth, staff, and visitors. Video monitoring is not substitute for the appropriate supervision of youth". Video monitoring is also used to ensure the resident's safety.

In order to ensure the facility maintains staffing levels, DJJ Policy 8.2 Security Management (p. 5) G and H, states "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 with holding over officers. Overtime hours should be avoided, but the provision of sufficient security staff will take priority. "In the event of emergencies, the facility Director or designee will contact the respective Regional Administrator over secure facilities to obtain POST certified officers from another facility. In the event that additional officers are needed, the Deputy Commissioner of Secure Facilities and Chief of Staff must authorize the temporary use of any POST certified officers from another agency.

115.313 (b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Macon Youth Development Campus reports on the PAQ the facility has had no deviations from the staffing plan during the 12-months preceding the audit.

The facility maintains compliance with the staffing plan by calling-in additional staff from other facilities and holding-over staff to cover shift ratio.

115.313 (c) Each secure juvenile facilities 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 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.

The auditor reviewed thirty-three (33) Security Facility Staffing Reports that indicated the facility maintained staffing ratios of 1:6 to 1:8 during waking hours and sleeping hours.

115.313 (d) At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor reviewed staffing plans for Macon Youth Development Campus for the years of 2021, and 2022. Each staffing plan identifies if additional staff are needed to meet staffing ratios. The facility utilizes video monitoring to ensure the safety of residents housed at the facility. This facility has had no deviations from the staffing during the 12-months preceding the audit.

115.313 (e) The facility has implemented policies and practices of intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted on all shifts. The facility's policy prohibits staff from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

DJJ Policy 8.2 Administrative Duty Officer states K, The ADO or facility Director shall 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 2 unannounced rounds must be conducted after 12:30 am and no later than 4:30 am per month. Staff is prohibited from alerting other staff of such rounds. All such rounds must be documented using DJJ 23.1 Attachment B – PREA unannounced rounds and maintained in a binder for PREA audits.

The facility provided seventeen (17) documented unannounced rounds. Rounds are documented on the form titled "Unannounced PREA Rounds", the form is very detailed requiring staff to log the date, the time the rounds starts and ends, the staff member conducting the rounds and their title. Instructions direct the staff member that two unannounced rounds must be conducted from 12:30 am to at least 4:30 am. The staff member documents the time when entering into a different location of the facility during the unannounced round, when entering the housing units, the staff documents who is working in the unit and the number of residents housed in the unit. All unannounced rounds were typed and easy to read. The auditor has determined the facility is compliant with 115.13 (e) of this standard.

The auditor has determined current operations and practices (deployment of staff)

	<p>meet all requirements of PREA Standard 115.313 (c) based upon site observations conducted by Auditor.</p> <p>Corrective Action: (None)</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.315:</p> <ol style="list-style-type: none"> 1. Macon Youth Development Campus Pre Audit Questionnaire 2. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IV. K-Q, Pages 7-8 - Limits to Cross-Gender Viewing and Searches 3. Attachment C - Cross-Gender Searches Documentation 4. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) 5. Attachment A - Transgender/Intersex Declaration of Preference Statement 6. Georgia DJJ Policy 8.22, Searches and Contraband Control Section IV. A-D, Pages 6-7 - Body Searches 7. Local Operating Procedures (Post Order) - Showering Procedures 8. Training Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) - The Moss Group, Inc. 9. Limits to Cross-Gender Viewing and Searches PowerPoint - The Moss Group, Inc. 10. Cross-Gender Pat Searches for Transgender and Intersex Training Video - The Moss Group, Inc. 11. Training Records <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Random Staff (13) 2. Random Youth (9) 3. Targeted Youth w/ hearing disability NA 4. Targeted Youth who disclose prior sexual victimization (7) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Observations of cross-gender announcements when entering housing units. Observed the Intake Screening Process.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.315 (a) The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0)

2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: Zero (0)

Policy 23.1 states O, The facility will not conduct cross-gender strip and body cavity searches of youth. In addition to DJJ 8.22, Searches and Contraband Control, cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional orders of the facility.

115.315 (b) The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: Zero (0)

2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0)

Policy states cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. Policy review and interviews with staff and residents confirmed cross-gender searches are prohibited.

115.315 (c) Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy requires all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation.

115.315 (d) The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily

functions, or changing clothing.

Policy states, 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. Staff members of the opposite gender are required to announce their presence when entering a youth housing unit.

Resident interviews confirmed staff of the opposite gender announces their presence when entering the housing units and residents are never naked in full view of staff of the opposite gender. Showers are located behind closed doors. Staff interviews confirmed staff of the opposite gender announces their presence when entering the housing units. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

PREA Site Review: Staff conducting the tour described the shower process. Staff of the same gender monitors showers while the residents shower individually behind the privacy of a "PREA Friendly" shower curtain.

115.315 (e) The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Zero (0) such searches occurred in the past 12 months.

Policy states no staff will search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff.

Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.315 (f) Policy states DJJ staff responsible for searches will be trained in conducting cross-gender pat down search and searches of transgender and intersex residents in a professional, respectful manner, and in the least intrusive manner possible, consistent with security needs. The gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of confinement and should take into consideration the gender expression of the resident. The facility will also use information from DJJ 23.3, LGBTI

	<p>Attachment A: Transgender/Intersex Declaration of Preference Statement when deciding a case-by-case determination.</p> <p>Staff interviewed confirmed they have received such training. Additionally, training logs corroborate this standard provision.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.316.</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IV. R-U, Page 8-9 - Residents with Disabilities and Residents who are Limited English Proficient 2. Georgia DJJ Policy 15.10, Language Assistance Services Section III. A-C, Pages 1-2 - Services for residents who are limited English proficient 3. Attachment B: "I Speak" Chart (Language Identification) 4. Macon YDC Pre-Audit Questionnaire responses 5. Individuals with Disabilities Education Act (IDEA) 6. Teachers' Special Education Certifications 7. "I Speak" Chart (Language Identification) 8. MOU Agreement for Interpreter Services (Ad Astra, Interpreters Unlimited, Carmazzi, Inc., Latin American Translator Network, Language Line Services) 9. Youth Safety Guide for Secure Facilities (English and Spanish) 10. Intake Flyer (English and Spanish) 11. PREA Posters (English and Spanish) 12. Policy 13.32-Special Education Services IDEA <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator (1) 2. PREA Coordinator (prior interview) (1) 3. Residents with Hearing Disabilities - NA

4. Limited English Proficient Residents - NA

5. Random Staff (13)

In order to determine compliance, the following observations were made during the on-site facility tour:

Email - Hearing Impaired Phone

115.316 (a) The agency has established procedures to provide disabled residents 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.

Policy 23.1 states 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 are able to 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 develops guidelines that will provide assistance to youth with disabilities to deliver PREA information. The guidelines should include but are not limited to the following: staff responsible for services; processes for accessing services to include weekends, holidays, after hours; documentation in JTS; time frame in which service is to be delivered; and follow-ups.

The Agency PREA Coordinator confirmed the agency has established procedures to provide disabled residents 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 auditor reviewed policy and teachers' special education certifications. There was no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

115.316 (b) The agency has established procedures to provide residents with limited English proficiency 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.

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, using interpretive services and special education instructors. Age-appropriate information, in both English and Spanish, is available so all residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has a contract for interpreter services. Additionally, the State of Georgia provides automatic website translation into seven languages, courtesy of Google Translate. The languages include: Chinese (Simplified); Haitian Creole; Korean; Portuguese; Russian; Spanish; and Vietnamese.

There were no residents identified as limited English proficient during the on-site

	<p>audit.</p> <p>There were no residents with cognitive or physical disabilities during the on-site audit.</p> <p>115.316 (c) Agency policy prohibits use of 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.</p> <ol style="list-style-type: none"> 1. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. 2. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations: Zero (0) <p>DJJ policy states the agency does not rely on resident interpreters for PREA information and education except in urgent circumstances where safety may be compromised.</p> <p>Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff had knowledge of resident interpreter services, resident readers, and other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.317:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment D Section IV. V-EE, Pages 9-10 - Hiring and Promotion
2. Attachment D - PREA Employment Questionnaire
3. Policy 3.52 Background Investigations Section I Pg. 1; Section IV pg. 3-4
4. List of New Employees
5. Criminal Background Checks for Newly Hired Employees (35)
6. List of Employee Promotions (5)
7. Criminal Background Checks for Promotions
8. List of Contractors (1)
9. Contractor Background Checks
10. List of Employee Five Year Background Checks
11. Five Year Criminal Background Checks for Employees and Contractors
12. POST Officer Re-certification Letter (Division of Secure Facilities)
13. PREA Employment Questionnaires
14. Letter from Department of Human Services (DHS)
15. Macon YDC Pre Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Administrative (Human Resources) Staff

115.317 (a) The Agency's policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Applicants for positions with contact with residents are disqualified from employment if they have any convictions for sexual abuse in a prison, jail, secure community placement or juvenile facility; any convictions for engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or in the absence of a conviction, any civil or administrative findings that the applicant engaged in any activity described above. DJJ asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The auditor reviewed PREA Employment Questionnaires for verification.

115.317 (b) PAQ: Agency policy requires the consideration of 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.

DJJ does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment.

115.317 (c) The Agency's policy requires that before it hires any new employees who may have contact with residents, (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

In response to the Pre-Audit Questionnaire:

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 35

2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

The auditor reviewed Employee Background Checks for verification.

115.317 (d) The Agency's policies requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1

2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

All new hires, contractors and employees being considered for promotion undergo a criminal background records check. The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

The auditor reviewed Contractor Background Checks for verification.

115.317 (e) Agency policies requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Background checks for all employees and contractors are conducted every five years.

The auditor reviewed criminal background record checks of current employees and contractors for verification they are being conducted every five years as required.

115.317 (f) DJJ asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The auditor reviewed PREA Employment Questionnaires for verification.

The facility Human Resources staff confirmed the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. DJJ also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed PREA Employment Questionnaires for promotions and evaluations for verification.

115.317 (g) The Agency's policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated.

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

The facility Human Resources staff confirmed the DJJ legal department would consider whether to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request

	<p>from an institutional employer for whom such employee has applied to work.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.318:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IV. FF- HH, Pages 10-11 - Upgrades to Facilities and Technology 2. Georgia DJJ Policy 8.15, Video Cameras 3. Georgia DJJ Policy 7.1 Physical Plant Requirements Section IV pg. 5-7 4. DJJ Facility Opening Synchronization Matrix 5. Facility Schematics 6. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator (prior interview) 2. Director <p>Site Review Observations: Placement of security cameras, exterior and interior.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.318 (a). In the response to the PAQ the facility reported they have not engaged in any substantial expansion or modification of its facility since the last PREA audit. The interview with the agency head (designee) indicated the Agency PREA Coordinator is consulted with any substantial modifications to ensure consideration of sexual abuse prevention and in collaboration with Engineering established a written statement on every project request to ensure that sexual safety is considered. The Directors are responsible for completing this section of the updated project request form. The Director indicated they have not had modifications to the Macon Youth Development Campus. This provision is not applicable since the facility has had no expansions or modifications to their facility.</p>

	<p>This provision is not applicable since the facility has had no expansions or modifications to their facility during this audit cycle.</p> <p>115.318 (b). In response to the PAQ, the facility indicated they have not installed or updated camera/video monitoring system since the last PREA Audit conducted in 2020. The interviews with the agency head and Director also indicated no new installation or update to their electronic technology has occurred during this audit period.</p> <p>This provision is not applicable since the facility has not updated or installed additional cameras to their facility this audit cycle.</p> <p>Currently Macon Youth Development Campus has a total of 123 cameras, 30 cameras are strategically placed around the exterior perimeter, 93 are strategically placed in the facility's administration area, classrooms, gym, dining area and all cottages (living units).</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.318 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.321:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section V. A-K, Pages 11-12 - Responsive Planning, Evidence Protocol and Forensic Medical Examinations 2. Georgia DJJ Policy 23.2, Sexual Assault, Pages 1-4 - Forensic medical examinations 3. Georgia DJJ Policy 22.3, Internal Investigations Section O pg. 6-7 4. Georgia DJJ Policy, 2.10, Payment of Youth Medical Expenses Section I pg. 1 and Section IV. A, Page 2 - Services provided at no cost to resident victims 5. Georgia DJJ Policy 8.42, Crime Scene Preservation 6. Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property 7. CAC, Stepping Stone - Agreement for Victim Advocacy Services 8. Facility Medical and Mental Health Staff Qualifications 9. Requirements of a PREA Case 10. Georgia Bureau of Investigations (GBI) Evidence Protocol 11. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Facility PREA Compliance Manager
2. Random Selected Staff (13)
3. Residents who Reported a Sexual Abuse - N/A
4. SAFE's/SANE's (prior interview)

Observations during on-site review of physical plant, PREA signage, Advocate Information.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.321 DJJ is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

DJJ Office of Investigations PREA Unit conducts administrative and criminal sexual abuse investigations. The Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follow the guidelines of the "National Protocol for Sexual Assault Medical Forensic Examinations".

Staff interviewed confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They acknowledged the DJJ Office of Investigations PREA Unit is responsible for conducting sexual abuse investigations.

115.321 (b) The uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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 Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follow the guidelines of the "National Protocol for Sexual Assault Medical Forensic Examinations".

115.321 (c) The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)

2. The number of exams performed by SANEs/SAFEs: Zero (0)

3. The number of exams performed by a qualified medical practitioner: Zero (0)

All residents who experience sexual assault have access to forensic medical examinations at no cost. When SANEs or SAFEs are not available, a qualified medical practitioner will perform forensic medical examinations. DJJ documents efforts to provide SANEs or SAFEs. Macon YDC does not conduct forensic medical examinations. Examinations would be performed at Atrium Navicent Hospital, this was confirmed by the hospital, and a SANE would be available to conduct forensic medical examinations.

115.321 (d) The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

115.321 (d) The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

A qualified victim advocate will provide support to victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention information, and referrals. CAC, Stepping Stone is available to provide victim advocacy services for the facility. If a resident victim of sexual abuse requested a victim advocate from the Stepping Stone would provide an advocate. The DJJ Office of Victim Services also provides advocacy services for resident victims. The facility has mental health staff that is qualified to serve as victim advocates.

115.321 (e) If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

If a resident victim of sexual abuse requested a victim advocate from one of the advocacy centers, the juvenile would receive services from Stepping Stone or be transferred to another facility if needed. The DJJ Office of Victim Services also provides advocacy services for resident victims. The facility has mental health staff that is qualified to serve as victim advocates.

The Facility PREA Compliance Manager confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. There were no residents, who reported a sexual abuse, present during the onsite audit.

	<p>115.321 (f) DJJ is responsible for administrative or criminal investigating allegations of sexual abuse and does not rely on another agency to conduct these investigations.</p> <p>115.321 (g) The requirements of paragraphs (a) through (f) of this section also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.</p> <p>DJJ conducts administrative investigations of sexual abuse and sexual harassment.</p> <p>115.321 (h) A qualified staff member or a qualified community-based staff member (Stepping Stone) who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.321 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.322:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E Section VI. D-G, Pages 13-14- Volunteer and Contractor Training 2. Attachment E - Staff PREA Acknowledgment 3. Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement Section III, E pg. 7-9 and Attachment C 4. Attachment C - Volunteer/Guest Consent and PREA Acknowledgement 5. Training Curriculum and Materials 6. PREA Staff Training Series: Modules 1-6 7. PREA Training Matrix 8. Requirements of a PREA Case (PREA Coding System) 9. Investigations (15) 10. Accountability Statement 11. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p>

Specialized Staff (2)

1. Agency Head Designee (prior interview)
2. Investigative Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

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

In the past 12 months:

In response to the Pre-Audit Questionnaire, the facility reported the following investigations during the 12 months preceding the audit.

1. The number of allegations of sexual abuse and sexual harassment that were received: Fifteen (15)
2. The number of allegations resulting in an administrative investigation: Fifteen (15)
3. The number of allegations referred for criminal investigation: Zero (0)
4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

Policy states all allegations of sexual abuse or sexual harassment are referred for an administrative and/or criminal investigation. The DJJ Office of Investigations, PREA Unit consists of Georgia State certified police officers with the authority to conduct criminal investigations, make arrests, obtain warrants, and refer cases for criminal prosecution. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publicly available upon request. An administrative or criminal investigation is completed in the following manner: A resident makes an allegation; the staff member receiving the allegation notifies their direct supervisor and completes a Special Incident Report (SIR); the Facility Director notifies the Office of Investigations within two hours; the Investigator in turn instructs the Facility Director how to code the allegation; and at the same time the victim goes to Atrium Navicent Hospital and is examined by a SAFE, SANE, or medical doctor. Victim advocacy services are provided by contracted outside support services, a therapist, a mental health staff member, or by professionally trained Georgia DJJ victim advocates.

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

115.322 (b) The agency has a policy that requires that allegations of sexual abuse

	<p>or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter22/DJJ22.3InternalInvestigations.pdf DJJ documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation in a formal investigation report.</p> <p>The PREA Investigations Unit Supervisor confirmed agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. He stated the DJJ Office of Investigations conducts administrative and criminal investigations. He may involve the GBI crime lab for forensics.</p> <p>115.322 (c). DJJ conducts its own criminal investigations and therefore, its investigative responsibilities pertain only to the agency itself. Provision (c) is not applicable in determining compliance with Standard 115.322.</p> <p>115.322 (d). For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.</p> <p>115.322 (e). For purposes of this audit, this auditor is not required to make a compliance determination for provision (e) of this standard.</p> <p>There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.331:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment G Section VI. A-C, Pages 13 - Employee training (includes all eleven required topics)
2. Attachment G - PREA Training Series - Modules 1-6
3. Policy 4.5 Staff Training Requirements Section I pg. 1 & Section IV pg. 7-8
4. Policy 4.1 Training Program Section I pg. 1
5. Prison Rape Elimination Act (PREA) Acknowledgements
6. Staff Training Rosters
7. Staff Training Hours Report
8. Staff Training Certificates
9. Training Curriculum and Materials
10. PREA Staff Training Series: Modules 1-6
11. PREA Training Matrix
12. Staff Gender Responsive Training
13. Staff First Responder Cards
14. PREA Staff Poster
15. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Random Selected Staff (13)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.331 (a) The agency trains all employees who may have contact with residents on the eleven (11) required topics.

Policy states all staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and response policies and procedures. Staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series.

All DJJ employees who have contact with residents complete training on:

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

	<p>Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and PREA refresher training will be conducted once a year thereafter. The auditor reviewed staff training records for verification.</p> <p>115.331 (b) Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>115.331 (c) The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 100%</p> <p>The agency PREA refresher training will be conducted annually. All full and part-time staff members are required to complete the online refresher training as designated by the Agency PREA Coordinator.</p> <p>The auditor reviewed the PREA training curriculum and staff training records for verification.</p> <p>115.331 (d) The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy states the facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff signs the Prison Rape Elimination Act (PREA) Acknowledgement and their participation is electronically recorded in the Staff Training Hours Report.</p> <p>The auditor reviewed employee acknowledgement forms and staff training records for verification.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Employees are trained annually and receive reminders during shift briefings to ensure resident's safety.</p> <p>Corrective Action: (None)</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.332:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E
2. Section VI. D-G, Page 13-14- Volunteer and Contractor Training
3. Attachment E - Staff PREA Acknowledgment
4. Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement Section III, E pg. 7-9 and Attachment C
5. Attachment C - Volunteer/Guest Consent and PREA Acknowledgement
6. Training Curriculum and Materials
7. PREA Staff Training Series: Modules 1-6
8. PREA Training Matrix
9. List of Volunteers
10. List of Contractors
11. PREA Acknowledgement Statements
12. Volunteer/Guest Consent and PREA Acknowledgement
13. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Interviews (2)

Contractor who have Contact with Residents

Medical Contractor

115.332 (a) All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

1. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 27

2. The percent of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:100%

Policy states the facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures.

Interviews with the contractors confirmed they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed the training curriculum, volunteer/contractor acknowledgement forms and training records for verification.

115.332 (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall

	<p>be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Policy states the level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero- tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse.</p> <p>115.332 (c) The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Policy states the Facility Director or designee shall maintain documentation confirming that volunteers, interns, and contractors understand the zero-tolerance policy training they have received. Volunteers complete the online PREA training and complete DJJ 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/ Guest Consent, and PREA Acknowledgement.</p> <p>The auditor reviewed volunteer/contractor acknowledgement forms and training records for verification.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.332 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.333:</p> <ol style="list-style-type: none"> 1. Macon YDC Pre-Audit Questionnaire 2. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment H Section VI. H-L, Page 14- Resident Education 3. Attachment H - Youth Acknowledgment Statement 4. Georgia DJJ Policy 13.32, Special Education Services 5. Georgia DJJ Policy 15.4, Viewing, Listening, and Reading Materials 6. Training Curriculum and Materials 7. Youth PREA Curriculum 8. Part I: Information and Engagement 9. Part 2: Motivation 10. Part 3: PREA Special Issues

11. Part 4: Situational Awareness
12. Part 5: Determination to Act Wisely
13. Part 6: Protective Factors and Asking for Help
14. Student Handbook - English and Spanish
15. Youth Safety Guide for Secure Facilities - English and Spanish
16. Intake Flyer - English and Spanish
17. Youth Safety Tips - Handout and Poster
18. Posters - English and Spanish
19. Break the Silence, Say no to Sexual Abuse
20. Sexual Abuse and Harassment are Never Okay
21. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
22. No Means No, Report Sexual Abuse
23. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
24. Ombudsman Posters
25. Victim Services Posters
26. Stop Sexual Exploitation Now Posters
27. Commissioner's Orientation Video
28. Safeguarding Your Sexual Safety: A PREA Orientation Video - National Institute of Corrections (NIC) 2013
29. "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets
30. Book 1: Billy Speaks Out (intended for male youth, ages 14-18)
31. Book 2: Shelia's Dilemma (intended for female youth, ages 14-18)
32. Book 3: Carlo's Question (focuses on sexual minority youth)
33. Book 4: Mary's Friend (intended for female youth, ages 10-13)
34. Book 5: Charlie's Report (intended for male youth, ages 10-13)
35. Teachers' Special Education Certifications

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Intake Staff
2. Random Selected Residents (9)
3. Random that identified as Bi-Sexual (1)
4. Resident who disclosed prior victimization during screening (7)

Site Review Observations:

Observations during on-site review of physical plant, PREA signage, Hotline information, Posters, Intake Process.

115.333 (a) Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual

harassment. This information is provided in an age appropriate fashion. Of residents admitted during the past 12 months: The number who was given this information at intake: 38

The percent that were given this information at intake: 100%

During the intake process, youth will receive, at a minimum, age-appropriate information, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. After the intake process, the youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement.

The Intake Staff confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents 24 hours of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and harassment through a video, pamphlets and resident handbooks.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant education materials including the PREA video, posters, resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.

115.333 (b) Of residents admitted during the past 12 months:

1. The number who received such education within 10 days of intake: 38

2. The percent who were given this information within 10 days of intake: 100%

Policy states 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. All materials used for the orientation must be authorized by the Agency PREA Coordinator. 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

of these rights within 24 hours after intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first or second day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant educational materials including the PREA video, posters, resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.

115.333 (c) All residents were educated within 10 days of intake.

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

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification.

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

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).

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 are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

	<p>The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Posters, student handbooks, intake flyers, Youth Safety Guides, and other reading materials are readily available in English and Spanish. Special education services are provided by certified special education teachers.</p> <p>DJJ utilizes the End Silence: Youth Speaking Up about Sexual Abuse in Custody. The series is intended for youth 10-13, 14-18, and LGBTI youth. Special education teachers are available as needed.</p> <p>115.333 (e) The agency maintains documentation of resident participation in PREA education sessions.</p> <p>Policy states after the intake process, youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement.</p> <p>The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification.</p> <p>115.333 (f) The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>The auditor reviewed the resident handbook, pamphlets and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with</p>

standard 115.334:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VI. M&N, Pages 14-15 - Specialized Training: Investigations
2. Georgia DJJ Policy 22.1 Section I, pg.1, Sworn Law Enforcement ID Cards
3. Georgia DJJ Policy 22.3, Internal Investigations
4. Training Curriculum and Materials
5. Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) Training
6. PREA Staff Training Series: Modules 1-6
7. PREA Training Matrix
8. PREA Unit Investigators Training Records
9. PREA Acknowledgement Statements
10. Staff Training Hours Report
11. NIC Training Certificates
12. Georgia Bureau of Investigations (GBI) Evidence Protocol Process
13. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

Facility Director

115.334 (a) Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

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

An interview with an investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received training from the Georgia Public Safety Training Center, completed the DJJ PREA Staff Training Series: Modules 1- 6 and completed NIC specialized training topics. The auditor reviewed training records for verification.

115.334 (b) Policy requires investigators to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting". NIC training includes: conducting investigations of sexual abuse in confinement settings, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's office for prosecution. All PREA investigators in the Office of Investigations have completed NIC PREA training. Training is documented by certificates of completion.

	<p>115.334 (c) The agency maintains documentation showing that investigators have completed the required training.</p> <p>The number of investigators the agency currently employs: The number of investigators currently employed who have completed the required training: 5</p> <p>The number of investigators currently employed who have completed the required training: 100%</p> <p>Training is documented by certificates of completion PREA Acknowledgement Statements, the Staff Training Hours Report, and NIC Certificates. An interview with the PREA Unit Field Supervisor confirmed he has received the required training. The auditor reviewed training records for verification.</p> <p>115.334 (d) For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.335:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VI. O&P, Page 15 - Specialized Training: Medical and Mental Health Care is documented by certificates of completion. 2. Training Curriculum and Materials 3. PREA Staff Training Series: Modules 1-6 4. PREA Training Matrix 5. "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates 6. "Medical Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates 7. List of Mental Health Care Practitioners 8. List of Medical Practitioners 9. Training Records 10. PREA Acknowledgement Statements 11. Staff Training Hours Report

12. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff

1. Medical Staff (1) (Augusta University)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.335 (a) The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 18

2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% DJJ Office of Medical Health Care Services full and part-time staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault in a Confinement Setting". DJJ Office of Behavioral Health Services full and part-time staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Behavioral Health Care for Sexual Assault in a Confinement Setting".

Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the NIC Certificates and training records for verification.

115.335 (b) DJJ does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed off site.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at DJJ facilities.

115.335 (c) The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor reviewed NIC Certificates, PREA Acknowledgement Statements, and the Staff Training Hours Report for verification.

115.335 (d) Medical and mental health care practitioners 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. DJJ Office of Medical Health Care Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. The medical staff is contracted personnel. DJJ Office of Behavioral Health Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6.

	<p>The auditor reviewed training records. The contracted medical staff receives the specialized training and the training required by standards 115.331, 115.332, and 115.335.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.335 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.341:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VII. A-L, Pages 15-18 - Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents 2. Georgia DJJ Policy 11.1 Section III G pg. 3-4, Medical Intake Screening 3. Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination 4. Georgia DJJ Policy 12.10, Mental Health Screening 5. Georgia DJJ Policy 17.1, Admission and Release 6. Georgia DJJ Policy 17.3, Custody and Housing Assessment 7. Georgia DJJ Policy 15.6, Access to Mail 8. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) 9. Attachment A - Transgender/Intersex Declaration of Preference Statement 10. PREA Screening Report User Guide 11. PREA Screening Reports 12. PREA Screening Reports - Classification and Housing Assessments - 90 Day <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Facility PREA Compliance Manager 3. Staff who conduct Risk Screening <p>4. Random Selected Residents (9)</p> <p>5. Targeted Resident with a hearing disability - NA</p> <p>6. Residents who reported prior sexual victimization during risk screening (7)</p>

In order to determine compliance, the following observations were made during the on-site facility tour:

Auditor observed a demonstration of the intake process with the intake officer.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.341 (a) The agency has a policy that 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.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 10

2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

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

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

Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months using the Classification and Housing Assessment form.

The auditor reviewed completed PREA Screening Report and Classification and Housing Assessment examples for verification. Auditor was not able to observe

intake/risk screening and education components while on site when new intakes arrived. Auditor spoke with intake officer and she was able to demonstrate the intake process and how the PSR is generated.

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 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.

Residents interviewed confirmed when they first came to the facility; they were asked questions; whether they have ever been sexually abused, whether they identify with being gay, bisexual, or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.

115.341 (b) Risk assessments are conducted using an objective screening instrument.

The auditor reviewed the PREA Screening Report (PSR).

115.341 (c) The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d) This information is 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.

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

115.341 (e) The Facility PREA Compliance Manager disseminates results of the PREA Screening Report to the facility management team on a need-to-know basis. Staff members working directly with the residents are advised of the status of a resident

	<p>at risk of victimization or a resident that is at risk of harming others.</p> <p>The Agency PREA Coordinator, Facility PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident’s risk assessment within the facility, to protect sensitive information from exploitation. The individuals include Facility leadership, mental health, medical and on a need-to-know basis.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.342:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VII. M-P, Pages 17-18 - Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments 2. Georgia DJJ Policy 15.11, Request for Services 3. Attachment A - Confinement Checks Form 4. Georgia DJJ Policy 17.3, Custody and Housing Assessment 5. Section IV. A. 1-3, Pages 2-3 - Housing Assessment 6. Section V. A&B. Pages 3-4 - Custody Level Assessment 7. Georgia DJJ Policy 18.4, Work Activities for Youth 8. Georgia DJJ Policy 23.3, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) 9. Attachment A - Transgender/Intersex Declaration of Preference Statement 10. Macon YDC Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (6)</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator 2. Facility PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Facility Director

5. Medical

6. Mental Health

7. Targeted Residents Transgender/Gay, Bisexual (1)

8. Targeted Resident Disclose Prior Sexual Victimization (7)

Site Review Observations:

Observations during on-site review of physical plant, observation of shower areas.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.342 (a) The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Policy states 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.

115.342 (b) The facility has a policy that 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.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0

2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0

3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Facility Director confirmed DJJ does not use isolation for residents at risk of sexual victimization.

115.342 (c) The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy states LGBTI youth will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider LGBTI identification or status as an indicator of the likelihood of being sexually abusive.

The Agency PREA Coordinator and Facility PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

During site visit there was one (1) LGBTI housed at Macon YDC.

115.342 (d) The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Policy states when assigning a transgender or intersex youth to a male or female facility, staff will consider on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems.

The Facility PREA Compliance Manager confirmed housing and programming assignments for transgender and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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

Policy states placements and programming assignments for transgender or intersex residents will be reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration will be given to the youth's views with respect to his or her safety.

The Facility PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

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

DJJ policy states serious consideration will be given to the youth's views with respect to his or her safety.

The Agency PREA Coordinator and Staff Responsible for Risk Screening confirmed a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

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

DJJ policy states transgender and intersex youth are given the opportunity to shower separately from other residents.

The Agency PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

115.342 (h) From review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged:

There were no residents held isolation of that was at risk of sexual victimization.

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

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Policy states isolation is only used as a last resort, if less restrictive measures are inadequate, and only until an alternate means of providing safety can be arranged. The basis and reason for isolation would be documented. While isolated, residents receive educational programming, special education services, daily large-muscle exercise, and daily visits from a medical or mental health care clinician.

DJJ does not use isolation for residents at risk of sexual victimization.

115.342 (i) 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.

Policy states continuation of isolation would be assessed weekly and reviewed every 30 days.

DJJ does not use isolation for residents at risk of sexual victimization.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.342 based upon documentation provided and interviews conducted.

	Corrective Action: (None)
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115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with this standard 115.351:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VIII. A-H, Pages 18-20 - Resident Reporting 2. Georgia DJJ Policy 8.5, Special Incident Reporting Section III. A-F, Pages 3-6 - Documenting Verbal Reports Attachment C-Youth Statement for the Record 3. Georgia DJJ Policy 15.2, Grievance Process Section III. C. 1-6, Pages 3-4 - Filing a Formal Grievance Attachment A- DJJ Youth Grievance Form 4. Georgia DJJ Policy 15.3, Youth Access to Courts and Counsel 5. Georgia DJJ Policy 15.5, Youth Visitation 6. Georgia DJJ Policy 15.6, Access to Mail 7. Georgia DJJ Policy 15.7, Access to Telephone 8. Georgia DJJ Policy 15.9, Ombudsman 9. Georgia DJJ Policy 17.1, Admission and Release 10. Attachment A-Notification of Foreign National in Detention Form 11. Posters with Telephone Numbers and/or Mailing and Email Addresses 12. Sexual Abuse and Harassment are Never Okay 13. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse 14. No Means No, Report Sexual Abuse 15. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities 16. 800-656-4673 The National Sexual Assault Hotline 17. 866-922-6360 DJJ Office of Victim Services 3408 Covington Highway, 1st Floor Decatur, Georgia 30032 18. 855-396-2978 DJJ Office of the Ombudsman 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 19. 855-396-2978 DJJ Office of Investigations 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 20. 855-422-4453 The Georgia Department of Family and Children Services Hotline 21. 678-904-2880 Georgia Center for Child Advocacy 22. 404-346-2300 United States Immigration and Customs Enforcement 23. www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form 24. Consular and Trade Offices Contact Information 25. Macon YDC Pre-Audit Questionnaire responses <p>Site Review Observations:</p>

Observations during on-site review of physical plant, PREA signage for reporting sexual abuse.

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Facility PREA Compliance Manager
2. Random Selected Staff (13)
3. Random Selected Residents (9)
4. Interviews with Residents who Reported a Sexual Abuse - N/A

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.351 (a) The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or 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.

DJJ provides residents with numerous, internal and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

115.351 (b) The agency provides 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. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

The agency provides 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. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Calls can be made to the Children's Advocacy Center Hotline to report sexual abuse

and sexual harassment.

Policy states the facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes and enable reasonable communication between youth and the organizations in as confidential a manner as possible. As a part of civil immigration resources, the facility will maintain a copy of the United States Department of State Consular Notification and Access book. The book may be ordered or downloaded from www.travel.state.gov/consulamotification.

The Facility PREA Compliance Manager identified the National Sexual Abuse Hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request.

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed various English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services and legal representation.

115.351 (c) The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. The time frame that staff are required to document verbal reports:

Georgia law and DJJ policy requires all staff are mandatory reporters. All verbal reports are documented by using the Special Incident Reporting (SIR) form as the official written reporting process for any type of sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports.

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment; he can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document as soon as possible. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.351 (d) The facility provides residents with access to tools to make written reports of sexual abuse or 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 Facility PREA Compliance Manager confirmed residents would be given a pencil

	<p>to make written reports of sexual abuse or 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 auditor observed grievance forms are available next to locked grievance boxes. Grievance boxes are checked daily.</p> <p>115.351 (e) The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Staff 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. They can do so as third parties and provide anonymity if the resident requests to remain anonymous.</p> <p>Staff interviewed identified the National Sexual Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents. Other answers included reporting to their supervisor, writing a grievance or using the DJJ Online Intelligence Tip Form.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted. DJJ has been very resourceful in providing avenues for residents, staff and third parties to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment. All residents interviewed could name multiple ways to report sexual abuse and sexual harassment, they related that PREA information and how to report is posted throughout the facility.</p> <p>Corrective Action: (None)</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.352:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VIII., I-M, Pages 20-21 - Exhaustion of Administrative Remedies 2. Georgia DJJ Policy 15.2, Grievance Process Section I.-IV., Pages 1-7 - Grievance Process

3. Grievance Form
4. Grievance Tracking Sheet (January 2022 - November 2022)
5. Resident Handbook (p 14)
- 6 Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Agency PREA Coordinator
2. Targeted Residents who Reported a Sexual Abuse (0)

Site Review Observations:

Observations during on-site review of physical plant, placement of grievance boxes, forms procedure for getting writing instruments.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.352 (a) The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Policy states the facility will use DJJ 15.2, Grievance Process, as an administrative procedure to address youth grievances regarding sexual abuse and sexual harassment. Grievances alleging sexual abuse or sexual harassment will be immediately reported and Policy 23.1 Prison Rape Elimination Act will take precedence.

115.352 (b) Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy states the facility will not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse/sexual harassment. The auditor reviewed the Resident Handbook and verified relevant information is provided.

115.352 (c) The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy states youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint.

The auditor reviewed the Resident Handbook and verified relevant information is provided.

115.352 (d) The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months:

The number of grievances that were filed that alleged sexual abuse: 0

Policy states grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of retrieval, and assigned for investigation. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 45 days. Extensions may be approved by the DJJ Commissioner or designee. The Facility Director and/or Office of Victim Services will notify the resident in writing of any such extensions and provide a date by which a decision will be made.

115.352 (e) Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

115.352 (f) The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: Zero (0)

115.352 (g) The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: Zero (0)

DJJ policy states 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.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.353:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VIII. N-P, Pages 21 - Resident Access to Outside Support Services and Legal Representation Attachment F - Consent to Disclose Protected Confidential PREA Related Information 2. Georgia DJJ Policy 15.3, Youth Access to Courts and Criminal Counsel 3. Georgia DJJ Policy 15.5, Youth Visitation 4. Georgia DJJ Policy 15.6, Access to Mail 5. Georgia DJJ Policy 15.7, Access to Telephone 6. Georgia DJJ Policy 15.9, Ombudsman 7. Georgia DJJ Policy 15.11, Requests for Services 8. Posters with Telephone Numbers and/or Mailing and Email Addresses 9. Sexual Abuse and Harassment are Never Okay 10. Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse 11. No Means No, Report Sexual Abuse 12. Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities 13. 800-656-4673 The National Sexual Assault Hotline 14. 866-922-6360 DJJ Office of Victim Services 3408 Covington Highway, 1st Floor Decatur, Georgia 30032 15. 855-396-2978 DJJ Office of the Ombudsman 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 16. 855-396-2978 DJJ Office of Investigations 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 17. 855-422-4453 The Georgia Department of Family and Children Services Hotline 18. 678-904-2880 Georgia Center for Child Advocacy (Fulton and DeKalb Counties) 19. 404-346-2300 United States Immigration and Customs Enforcement 20. www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form 21. Consular and Trade Offices Contact Information 22. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with standard 115.353:</p>

Specialized Staff (2)

1. Agency PREA Compliance Manager
2. Facility Director
3. Random Selected Residents
4. Residents who Reported a Sexual Abuse - N/A

In order to determine compliance, the following observations were made during the on-site facility tour:

Site Review Observations:

Observations of Reporting Mechanisms - (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.353 (a) The facility provides resident's access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (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.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

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

Residents acknowledged there are services available outside of this facility for dealing with sexual abuse, if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the information was included in their handbooks and posted on the walls throughout the facility. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.353 (b) The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of

the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

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

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.353 (c) The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

DJJ maintains a MOU with Children's Advocacy Center (CAC), Stepping Stone for crisis intervention, counseling and advocacy support services. If a victim asks for assistance from an outside support service, the youth can be transferred as required.

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

Policy states the facility will provide youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in DJJ 15.3, Youth Access to Courts and Counsel; DJJ 15.5, Youth Visitation; DJJ 15.6, Access to Mail; and DJJ 15.7, Access to Telephone. The staff will inform youth during intake and prior to giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law (Attachment F, Consent to Disclose Protected & Confidential PREA Related Information).

The Facility Director and Facility PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews

	<p>conducted.</p> <p>Corrective Action: (None)</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.354:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section VIII. Q&R, Pages 21-22 - The Agency provides for third-party reporting. 2. Policy 15.3 Youth Access to Courts and Counsel 3. Policy 15.5 Youth Visitation 4. Policy 15.6 Access to Mail 5. Policy 15.7 Access to Telephone 6. Policy 15.9 Ombudsman 7. News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something" 8. Posters with Information for the Online Intelligence Tip Form and Contact Information 9. Sexual Abuse and Harassment are Never Okay 10. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse 11. No Means No, Report Sexual Abuse 12. Macon YDC Pre-Audit Questionnaire <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Third-party reporting of sexual abuse and sexual harassment is accessible through the online Intelligence Tip Form, http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx, located on the DJJ website, www.djj.state.ga.us.</p> <p>Additionally, third-party reports can be submitted to DJJ Office of the Ombudsman through the following methods:</p> <ol style="list-style-type: none"> 1. Email djjombudsman@djj.state.ga.us. 2. Telephone at 1-855-396-2978. 3. Mail at 3408 Covington Highway, 1st Floor, Decatur, Georgia 30032.

	<p>4. On-Line Referral Form at www.djjnewsandviews.org/djjombudsman.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted. The agency provides two (2) online reporting systems and reporting by mail, email, or telephone provides the residents, staff and the public many reporting options. Third-party reporting information is provided on the agency website and PREA posters located throughout the facility.</p> <p>Corrective Action: (None)</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.361:</p> <ol style="list-style-type: none"> 1. Georgia DJJ 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 2. Georgia DJJ Policy 8.5, Special Incident Reporting 3. Attachment B Staff Statement for the Record 4. Attachment J Chain of Command Notification 5. Georgia Child Protective Services Mandated Reporter Form 6. Special Incident Report (SIR) Form 7. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialize Staff (4)</p> <ol style="list-style-type: none"> 1. Facility PREA Compliance Manager 2. Facility Director 3. Random Selected Staff (13) 4. Medical and Mental Health Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.361 (a) The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. 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.

2. Any retaliation against residents or staff who reported such an incident.

3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy states the facility requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, 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.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their immediate supervisor.

115.361 (b) The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

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

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

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy states staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their immediate supervisor.

115.361 (d) Policy states medical and mental health staff will report all allegations of sexual abuse and sexual harassment to designated supervisors.

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

115.361 (e) Policy states that 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 guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility Director or designee shall report the allegation to the youth's attorney of record within 14 days of receiving an allegation.

The Facility PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported the Facility Director and the Facility Director notifies the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the Department of Family and Children's Services (DFACS). If a juvenile court retains jurisdiction over the alleged victim, the juvenile's attorney would be notified. These notifications would occur within 72 hours.

The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the PREA Office of Investigations Unit Field Supervisor and the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the Department of Family and Children's Services (DFACS). If a juvenile court retains jurisdiction over the alleged victim, the juvenile's attorney would be notified. These notifications would occur immediately upon learning of an allegation.

115.361 (f) Policy states all allegations of sexual abuse on DJJ property, in DJJ custody, or in a residential program contracted by DJJ, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.362:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IX. D-E, Pages 22-23 - Official Response Following a Youth Report: Agency Protection Duties 2. Policy 8.7 Protective Custody 3. Attachment B-Confinement Checks Form 4. Policy 8.9 Child Abuse Reporting 5. Policy 23.2 Sexual Assault 6. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head Designee (Agency PREA Coordinator) 2. Facility Director 3. Random Selected Staff (13) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.365 (a) When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0) <p>The facility immediately reports any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.</p> <p>Staff takes appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other residents or staff. The facility employs multiple protection measures, including custody and housing changes, special management plans, "no contact status", or transfers for resident victims or abusers.</p>

	<p>The Agency PREA Coordinator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Staff would be put on “No Contact Status” and housing changes or transfers may be required.</p> <p>The Facility Director confirmed when she learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating youth. She confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.362. Corrective Action: (None)</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.363:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IX. F, Page 23 - Official Response Following a Youth Report: Reporting to Other Confinement Facilities 2. Macon YDC Pre-Audit Questionnaire responses <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director <p>115.363 (a) The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency’s policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)</p>

	<p>DJJ policy requires that upon receiving an allegation that a resident has been sexually abused or sexually harassed while confined at another facility, the Facility Director will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred and will also notify the DJJ Office of Investigations.</p> <p>115.363 (b) Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>DJJ policy states the notification will be made as soon as possible, but no later than 72 hours.</p> <p>115.363 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>DJJ policy states the facility will document that it has provided the required notification.</p> <p>115.363 (d) Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)</p> <p>DJJ ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.</p> <p>The Agency PREA Coordinator stated DJJ Office of Investigations is the designated point of contact if another facility within DJJ refers allegations of sexual abuse or sexual harassment that occurred in a Georgia DJJ facility. The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to the DJJ Office of Investigations. The director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of this occurring.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.364:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M Section IX. G-I, Pages 23-24 - Official Response Following a Youth Report: First Responder Duties Attachment M - Sexual Abuse Coordinated Team Response
2. Georgia DJJ Policy 23.2, Sexual Assault
3. Facility Coordinated Response to a Sexual Assault Incident
4. Staff First Responder Cards
5. Four Investigation Reviewed
6. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Facility PREA Compliance Manager
2. Facility Director

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.364 (a) The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security 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.

In the past 12 months, the number of allegations that a resident was sexually abused: Zero (0)

In response to the PAQ: The facility reported zero (0) allegations of sexual abuse on the Pre-Audit Questionnaire however, the facility provided the auditor eight (8) investigations of sexual abuse for auditor's review, all eight (8) were determined to be substantiated.

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: Zero (0)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: Zero (0)

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

115.364 (b) The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

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

Interviews with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties. Staff interviewed was knowledgeable of their first responder duties.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.365:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M Section IX. J-N, Pages 24-25 - Official Response Following a Youth Report: Coordinated Response 2. Attachment M - Sexual Abuse Coordinated Team Response 3. Georgia DJJ Policy 23.2, Sexual Assault 4. Macon YDC Sexual Abuse Coordinated Team Response 5. Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart 6. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>Facility Director</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>PAQ: The facility has developed 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>The facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>The Facility Director or designee must immediately contact the Office of Investigations PREA Unit Supervisor for PREA coding confirmation and assignment of an investigator. The Agency PREA Coordinator, Director of Investigations, and Director of Victim Services will immediately receive Special Incident SQL alerts upon entering the PREA codes into the Special Incident database. The Director of Victim Services will review the incident and make a determination regarding the immediate and critical need for additional services.</p> <p>Medical and mental health staff maintain secondary materials documenting the timeliness of the emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event medical staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. When medical examines a youth for sexual abuse,</p>

	<p>youth will be given the youth victim services information card prepared by the Office of Victim Services.</p> <p>The Facility Director confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.366:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IX. O, Page 25 - Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers 2. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff: (1)</p> <p>Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.366 (a) The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>Policy states 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>The Agency PREA Coordinator confirmed DJJ has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b) Macon YDC has not entered into or renewed any collective bargaining agreements.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.266.</p> <p>Corrective Action: (None)</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.367:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment L Section IX. P, Pages 25 - 26 Official Response Following a Youth Report: Agency Protection Against Retaliation 2. PREA Retaliation Monitoring Sheet 3. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head (previous interview) 2. Facility Director 3. Staff Member Charged with Retaliation Monitoring <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.367 (a) The agency has 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.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The Facility Director has designed the Institutional Program Director as the retaliation monitor.</p> <p>DJJ policy requires Facility Directors, Facility PREA Compliance Managers, and other supervisors to take immediate actions to ensure residents alleging sexual abuse or sexual harassment, or staff reporting, are not victims of any form of retaliation.</p>

115.367 (b) After a resident reports alleged sexual abuse or sexual harassment, staff must complete Attachment L, PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the youth's adjustment within the facility and document their findings.

The Agency PREA Coordinator stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. She stated housing changes or transfers as some examples of measures to protect residents or staff who report retaliation. The Facility Director stated the facility would make housing changes or transfers, remove alleged abusers, provide emotional support services, communicating with staff, and informing the youth there is an open-door policy to be heard.

The Designated Staff Member Charged with Monitoring Retaliation stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is making housing changes or transfers, removing alleged abusers, providing emotional support services, and initiating the retaliation form. She stated the different measures she would take to protect residents and staff from retaliation would be transfers, providing special management plans and monitoring. She confirmed she would initiate contact with residents who have reported sexual abuse.

115.367 (c) The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitor the conduct or treatment: 90 days or longer if needed.

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

DJJ facilities monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse for ninety (90) days following a report and will continue monitoring beyond ninety (90) days if evidence indicates a continued need.

The Director stated measures she would take when she suspects retaliation includes talking with staff and youth, reminding staff of policy, and potential staff disciplinary action up to and including termination. The Designated Staff Member Charged with Monitoring Retaliation stated measures she would take when she suspects retaliation includes providing special management plans and monitoring.

She stated things she looks for to detect possible retaliation includes youth withdrawing and expressing fear. She monitors periodic status checks. She stated

	<p>she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until a youth expresses no further retaliation.</p> <p>115.367 (d) The facility document periodic status checks using the PREA Retaliation Monitoring Sheet.</p> <p>The Designated Staff Member Charged with Monitoring Retaliation stated things she looks for to detect possible retaliation includes youth withdrawing and expressing fear.</p> <p>The auditor reviewed PREA Retaliation Monitoring Sheet for verification.</p> <p>115.367 (e) Policy states Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation.</p> <p>The Agency PREA Coordinator stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including communicating with youth, staff no contact status, and investigations. The Facility Director stated the different measures she would take to protect residents and staff from retaliation would include making housing changes or transfers, remove alleged abusers, provide emotional support services, communicating with staff, and informing the youth there is an open-door policy to be heard. The Facility Director stated measures she would take when she suspects retaliation includes talking with staff and youth, reminding staff of policy, and potential staff disciplinary action up to and including termination.</p> <p>115.367 (f) DJJ's responsibility to monitor retaliation will terminate if the allegation is unfounded.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.367. Corrective Action: (None)</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.368:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section IX. Q, Page 26

2. Georgia DJJ Policy 8.5 pg.3, Special Incidents Reporting
3. Georgia DJJ Policy 8.7 pg. 1, Protective Custody
4. Georgia DJJ Policy 8.8 pg.1, Use of Isolation
5. Georgia DJJ Policy 23.2, Sexual Assault
6. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Facility Director
2. Medical

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.368 (a) 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.

The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0)

If a resident who alleges to have suffered sexual abuse 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.

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

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

Current operations and practices meet the requirements of PREA Standard 115.368.
Corrective Action: (None)

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.371:

1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section X. A-E, Pages 26-27 - Investigations: Criminal and Administrative Agency Investigations
2. Georgia DJJ Policy 8.5 pg.1-18, Special Incident Reporting
3. Georgia DJJ Policy 22.1 pg.1-3, Sworn Law Enforcement Identification Cards
4. Georgia DJJ Policy 22.3 pg. 1 & pg. 6-7, Internal Investigations
5. Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013
6. PREA Modules 1-6
7. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (4)

1. Facility Director
2. Agency PREA Coordinator
3. Facility PREA Compliance Manager
4. Investigative Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance:

115.371 (a) The agency/facility has a policy related to criminal and administrative agency investigations.

DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The Office of Investigations has authority as sworn officials to investigate all allegations of criminal violations occurring at Georgia DJJ facilities. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies such as the GBI, and local law enforcement as needed. All PREA related investigations must be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or as approved by the Director of Investigations.

The PREA Unit Field Supervisor stated initiation of an investigation following an allegation of sexual abuse or sexual harassment is based on the severity of the allegation. Allegations involving penetration are prioritized and the response is immediate, however, all investigations are initiated within two to three days.

The auditor reviewed the eight (8) investigative records/reports for substantiated youth-on-youth allegations of sexual abuse and one (1) youth-on-youth sexual harassment investigation that was determined to be unsubstantiated.

115.371 (b) Policy states the Office of Investigations will receive specialized training as required by PREA standards. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to District Attorney's Office for prosecution in accordance with DJJ 22.3, Internal Investigations. The Office of Investigations shall maintain documentation of each investigator who completes the training. All PREA investigators are required to complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after hire date. DJJ investigators who are conducting criminal investigations will be certified by the Georgia Peace Officers Standards and Training Council as Law Enforcement Officers.

The PREA Unit Field Supervisor confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through online NIC training. The training topics 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 or prosecution referral. He stated he also completed the 6 modules for the training required by standard 115.331. He also stated he receives training from the Georgia Public Safety Training Center.

The auditor reviewed training records and certificates for verification.

115.371 (c) Policy states all investigations must comply with DJJ 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation. DJJ investigators gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The PREA Unit Field Supervisor confirmed the first steps in initiating an investigation is getting documentation and screens the allegation into a category. The investigation processes includes an allegation being assigned to an investigator. Then the process continues with interviews, evidence collection, etc. Direct and circumstantial evidence investigators would be responsible for gathering in an investigation of an incident of sexual abuse include collection of evidence and reviewing and collecting video footage.

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

Policy states 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 PREA Unit Field Supervisor confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e) Policy states the Office of Investigations has authority as sworn officials 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 PREA Unit Field Supervisor confirmed when he discovers evidence that a prosecutable crime may have taken place he will consult with a prosecutor, but in Georgia it is not a requirement when there is overwhelming evidence.

115.371 (f) Policy states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

The PREA Unit Field Supervisor confirmed he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. It would be a violation of DJJ policy.

115.371 (g) Policy states the final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Unit Field Supervisor confirmed the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include reviewing at unannounced rounds as part of determining if staff is following policy. He confirmed he documents administrative investigations in written reports. The reports of Investigation (ROI) include incident reports, interviews, and all available evidence. All investigations are documented.

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

The PREA Investigative Unit Field Supervisor confirmed criminal investigations are documented. He stated everything is included in the report including assignment of the investigation, site visit, video footage, relevant documents, photographs, etc.

115.371 (i) Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

	<p>The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)</p> <p>The PREA Unit Field Supervisor confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal. Allegations are referred after evidence is collected, interviews are completed, and all leads are exhausted.</p> <p>115.371 (j) The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Policy states DJJ will retain all written investigations and Special Incident Reports (SIRs) as long as the alleged abuser is incarcerated or employed plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.</p> <p>115.371 (k) Policy states 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.</p> <p>The PREA Unit Field Supervisor confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.</p> <p>115.371 (l) For purposes of this audit, this auditor is not required to make a compliance determination for provision of this standard.</p> <p>115.371 (m) For purposes of this audit, this auditor is not required to make a compliance determination for provision of this standard.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.371.</p> <p>Corrective Action: (None)</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.372:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section X. F, Page 27 - Investigations: Evidentiary Standards for Administrative Investigations 2. Requirements of a PREA Case 3. Macon YDC Pre-Audit Questionnaire

	<p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>PREA Unit Field Supervisor</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.372 (a) The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy states DJJ Office of Investigations imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.372 based upon interviews documentation provided.</p> <p>Corrective Action: (None)</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.373:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment I Section X. H, Page 27 Investigations: Reporting to Residents 2. Attachment I - Resident Notification of Investigative Outcome 3. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Unit Field Supervisor <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.373 (a) The agency has a policy requiring that any resident who makes an allegation that she or he suffered sexual abuse in an agency facility is informed,</p>

verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: Eight (8)

2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: Eight (8)

Policy states the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.

The Facility Director confirmed the Office of Victim Services notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Investigator confirmed he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed eight (8) substantiated allegation of youth-on-youth sexual abuse allegation for verification. The auditor also reviewed the Resident Notification of Investigative Outcome for verification.

115.373 (b) If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0)

2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

The DJJ Office of investigations conducts administrative and criminal sexual abuse investigations.

115.373 (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit.

2. The staff member is no longer employed at the facility.

3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or.
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months. One (1)

The Resident Notification of Investigative Outcome form informs the resident whenever:

1. The staff member is no longer posted within the resident's unit (during the investigation, the staff member shall not be in any area with the resident without being directly supervised).
2. The staff member is no longer employed at the facility.
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or.
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d) Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or.
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Resident Notification of Investigative Outcome form informs the resident whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or.
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the Resident Notification of Investigative Outcomes for verification.

115.373 (e) The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: Eight (8)
2. The number of those notifications that were documented: Eight (8)

	<p>Policy states the Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.</p> <p>The auditor reviewed the Resident Notification of Investigative Outcomes for verification.</p> <p>115.373 (f) The agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.376:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XI. A-D, Page 27 - Discipline: Disciplinary Sanctions for Staff 2. Georgia DJJ Policy 3.80, Employee Progressive Discipline 3. Accountability Statement 4. Macon YDC Pre-Audit Questionnaire <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.376 (a) Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy states DJJ staff are subject to disciplinary sanctions up to termination and criminal prosecution for violating Georgia DJJ sexual abuse and sexual harassment policies.</p> <p>115.376 (b) In the past 12 months:</p> <p>In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: One (1)</p> <p>Policy states termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p>

	<p>115.376 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): One (1)</p> <p>115.376 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: One (1)</p> <p>Policy states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would be terminated if not for their resignation, are reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not criminal.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.377:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XI. A-D, Page 28 - Discipline: Disciplinary Sanctions for Staff 2. Georgia DJJ Policy 14.3 Citizen and Volunteer Involvement Section III, H, pg. 9 3. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p>

	<p>Facility Director</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.377 (a) Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>Policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: Zero (0)</p> <p>115.377 (b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy states the facility takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Facility Director confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents pending investigation.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.378:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section I., Page 1 - Zero-tolerance policy Section XI. G-I, Page 28 - Discipline: Interventions and

Disciplinary Sanctions for Residents

2. Georgia DJJ Policy 16.5, Disciplinary Reports and Hearings and Attachment B
3. Georgia DJJ Policy 8.8 Safety Security and Control
4. Attachment B - Behavioral Infractions Grid
5. Behavioral Infractions Grid
6. Resident Disciplinary Report Form
7. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Facility Director
2. Medical Staff

115.378 (a) Residents are 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.

Policy states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Ten (10)
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)

In response to the Pre-Audit Questionnaire, the facility reports ten (10) allegations of resident-on-resident sexual abuse, the facility provided the auditor eight (8) investigations for review.

115.378 (b) In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0)

2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A

3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Macon YDC does not use isolation as a disciplinary sanction. The Facility Director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of privileges. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

115.378 (c) The disciplinary processes shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Facility Director stated mental disability or mental illness is considered when determining sanctions.

115.378 (d) 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, the facility 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.

The Social Services Provider stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.

115.378 (e) The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Policy states the agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.378 (f) The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to

	<p>substantiate the allegation.</p> <p>Policy states 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.</p> <p>115.378 (g) The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>The Department of Juvenile Justice prohibits all sexual activity.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.381.</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XII. A-C, Pages 28-29 - Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse Attachment F - Consent to Disclose Protected & Confidential PREA Related Information 2. Georgia DJJ Policy 11.1, Medical Intake Screening 3. Georgia DJJ Policy 11.2, Nurse Health Assessment and Physical Examination 4. Georgia DJJ Policy 12.10, Mental Health Screening 5. Georgia DJJ Policy 22.3, Internal Investigations Section III. O, Pages 6-7 6. SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening) 7. Consent to Disclose Protected and Confidential PREA Related Information 8. Georgia DJJ Office of Victim Services Card 9. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening

2. Residents who Disclosed Sexual Victimization at Risk Screening (7)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.381 (a) All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: Eleven (11)

Policy states 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 Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. The meeting would occur within fourteen (14) days.

Seven (7) residents interviewed reported prior sexual victimization during risk screening. Resident confirmed meeting with a mental health care practitioner within two weeks. The meeting was three days after risk screening.

The auditor reviewed mental health follow-up notes for verification that youth are offered the opportunity to speak with a medical or mental health practitioner per the requirements of the standard.

115.381 (b) All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: Eleven (11)

Policy states if the screening indicates a resident has previously perpetrated sexual abuse, the resident is offered a follow-up meeting with mental health services within 14 days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a

	<p>resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered. He confirmed the meeting would occur within fourteen (14) days.</p> <p>115.381 (c) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>Policy states the information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Georgia DJJ policy and all other federal, state, and local laws.</p> <p>115.381 (d) 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.</p> <p>DJJ medical and mental health practitioners 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.</p> <p>Medical and mental health staff confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: None</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.382:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XII. D, Page 29 - Medical and Mental Care: Access to Emergency Medical and Mental Health Services 2. Georgia DJJ Policy 2.10, Payment of Youth Medical Expenses

3. Policy 23.2 Sexual Assault
4. Agreements for Victim Advocacy and Outside Support Services
5. Sexual Abuse Coordinated Team Response
6. Facility Coordinated Response to a Sexual Assault Incident
7. Macon YDC Pre-Audit Questionnaire

6. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.382 (a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

The Facility Director ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health care staff ensures resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment and policy and procedure.

115.382 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Staff were knowledgeable of their first responder duties.

115.382 (c) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention

	<p>services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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>Policy states if there is an allegation of a sexual assault within a 72-hour time frame, youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame.</p> <p>The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>115.382 (d) Treatment services are provided to every 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>Treatment services are provided to victims at no financial cost. DJJ would be responsible for payment of medical and treatment expenses.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.382 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.383:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XII. E-G, Page 29 - Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers 2. Georgia DJJ Policy 22.3, Sexual Assault 3. Facility Medical and Mental Health Staff Qualifications 4. Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)

5. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Medical and Mental Health Staff

2. Residents who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.383 (a) The facility offers 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.

Policy states 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.

The auditor observed the facility has mental health and medical staff onsite.

115.383 (b) The evaluation and treatment of 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 Medical and Mental Health Staff stated residents who have been victimized would be provided follow-up services. Nurses stated the facility would follow ER discharge notes and follow-up requirements. The Social Services Provider III stated mental health services would be provided.

115.383 (c) The facility provides victims with medical and mental health services consistent with the community level of care.

The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care.

115.383 (d) Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy states 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 offered pregnancy prophylaxis.

115.383 (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

115.383 (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at the ER and/or upon return to the facility. The facility can screen for sexually transmitted infections.

115.383 (g) Treatment services are 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.

DJJ provides treatment services without financial cost to victims.

115.383 (h) The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy states 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 Social Services Provider confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

A master's level qualified mental health professional (QMHP) will conduct the Behavioral Health Evaluation for the following incidents:

- Youth-on-youth sexual penetration on DJJ property (Code PY1).
- Youth-on-youth sexual contact on DJJ property (Code PY2).
- Youth-on-youth sexual harassment on DJJ property (Code PY3).
- Staff-on-youth sexual penetration (PS1).
- Staff on-youth sexual contact (PS2).
- Staff-on-youth indecent exposure (PS3).
- Staff-on-youth voyeurism (PS4).

The evaluation will only address the youth's current mental status. The QMHP will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. The QMHP will generate a referral for a Mental Health Assessment for youth who are not on the mental health caseload. Mental health staff will provide appropriate follow-up care and treatment.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.383 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.386:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments J&M Section XIII. A, Page 30 - Sexual Abuse Incident Reviews 2. Attachment J - Sexual Abuse Incident Review Team Meeting Minutes 3. Attachment M - Sexual Abuse Coordinated Team Response 4. Sexual Abuse Incident Review Team Meeting Minutes Form 5. Requirements of a PREA Case 6. PREA COMSTAT Allegations Report 7. Georgia DJJ 2019 Annual PREA Report 8. Georgia DJJ 2020 Annual PREA Report 9. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Facility Director 2. Agency PREA Compliance Manager 3. Incident Review Team <p>The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision):</p> <p>115.386 (a) The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded.</p> <p>Policy state the facility team composed by upper level management official, with input from line supervisors, investigators, and medical or mental health practitioners. The facility Sexual Abuse Review Team will conduct a sexual abuse incident review within 10 days of the conclusion of a PREA Investigation unless the allegation has been determined to be unfounded.</p> <p>In response to the Pre-Audit Questionnaire, the facility reports: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: Twelve (12)</p> <p>Policy states at the conclusion of every sexual abuse investigation, unless unfounded, an incident review will be conducted.</p>

115.386 (b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The facility Sexual Abuse Review Team will conduct a sexual abuse incident review within 10 days of the conclusion of a PREA Investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: Twelve (12)

115.386 (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy states the PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners.

The Facility Director confirmed the facility has a sexual abuse incident review team. The auditor reviewed Sexual Abuse Incident Review Team Meeting Minutes for verification.

115.386 (d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the Facility Director and Facility PREA Compliance Manager.

DJJ uses the Sexual Abuse Incident Review Team Meeting Minutes form to document sexual abuse incident reviews. The review team considers the following: (1) whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse; (2) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) whether physical barriers in the area may enable abuse; (4) protective measures taken following a sexual abuse incident; (5) the adequacy of staffing levels in the area during different shifts; (6) whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff; (7) was the incident immediately reported to supervisors and the Facility Director; and (8) was the proper documentation completed for the incident.

The Facility Director confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse.

	<p>Adequacy of staffing levels in the area are assessed for different shifts. She confirmed the PREA Incident Review Team assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.</p> <p>The Facility PREA Compliance Manager confirmed if the facility conducts a sexual abuse incident review, the facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement. The Facility PREA Compliance Manager is a member of the sexual abuse incident review team.</p> <p>115.386 (e) The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so.</p> <p>The facility provided nine (9) Incident Review Team Meeting Minutes within the Pre-Audit Questionnaire for the auditor’s review. The facility documented no recommendations or reasons for not doing so on the Incident Review Team Meeting Minutes.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.387:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment K Section XIII. B, Page 30 - Data Collection 2. Attachment K -Requirements of a PREA Case 3. Requirements of a PREA Case 4. PREA COMSTAT Allegations Report 5. Georgia DJJ 2019 Annual PREA Report 6. Georgia DJJ 2020 Annual PREA Report 7. 2020 Survey of Sexual Victimization, State Juvenile Systems Summary Form 8. 2021 Survey of Sexual Victimization, State Juvenile Systems Summary Form 9. Macon YDC Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (3)

1. Facility Director
2. Facility PREA Compliance Manager
3. Incident Review Team

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.387 (a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

Policy states the agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), in accordance with DJJ 8.5, Special Incident Reporting, DJJ 23. I, 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 Victimization (SSV) conducted by the Department of Justice.

The auditor reviewed Special Incident Reports and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (b) The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2021 and previous years.

115.387 (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Policy states the (Special Incident Report) SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

115.387 (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy states the agency will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

	<p>115.387 (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p>DJJ obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>The agency also conducts Unannounced Audits at residential centers that house DJJ youth.</p> <p>115.387 (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>DJJ completed the Survey of Sexual Victimization Summary Form for 2021.</p> <p>The auditor reviewed the 2021 Survey of Sexual Victimization Summary Form for verification.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XIII. B. 2&3, Page 30, Data Review for Corrective Action 2. Survey of Sexual Victimization, 2020 State Juvenile Systems Summary Form 3. Survey of Sexual Victimization, 2021 State Juvenile Systems Summary Form 4. Georgia DJJ 2020 Annual PREA Report 5. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard: Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Agency PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.388 (a) The agency reviews 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, and training, including:

1. Identifying problem areas.
2. Taking corrective action on an ongoing basis; and.
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy states the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training.

The Agency PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The Facility PREA Compliance Manager confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.388 (b) The annual reports include a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed the annual reports for verification.

115.388 (c) The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

Policy states the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website.

The Agency PREA Coordinator confirmed the Commissioner approves annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the Commissioner at <https://djj.georgia.gov/prea-reports>.

115.388 (d) When the agency redacts material from an annual report for publication redaction is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Policy states before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The Agency PREA Coordinator stated all identifying information is redacted from the report. The auditor observed no personal identifiers were included in the annual

	<p>report.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.288 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.389:</p> <ol style="list-style-type: none"> 1. Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) Section XIII. B. 4&5, Page 30-31, Data Storage, Publication and Destruction 2. Policy 5.1 Records Management 3. Survey of Sexual Victimization, 2020 State Juvenile Systems Summary Form 4. Survey of Sexual Victimization, 2021 State Juvenile Systems Summary Form 5. Georgia DJJ 2019 Annual PREA Report 6. Georgia DJJ 2020 Annual PREA Report 7. Macon YDC Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.389 (a) The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy states the agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.</p> <p>The Agency PREA Coordinator confirmed the agency reviews data collected and</p>

aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.389 (b) Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Policy states the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website.

The auditor observed the annual reports were published on the agency's website and approved by the Commissioner. <https://djj.georgia.gov/prea-reports>.

115.389 (c) Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Policy states before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers. <https://djj.georgia.gov/prea-reports>

115.389 (d) The agency maintains sexual abuse data 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.

Policy states the agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.

The auditor reviewed historical sexual abuse data from 2013 through 2021.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.389 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.401:

1. Macon YDC Pre-Audit Questionnaire
2. Interviews
3. Research
4. Agency Website Review
5. Policy Review
6. Document Review
7. Observations during onsite review of facility
8. May 19, 2020 Annual PREA Audit
9. Historical Data 2013-2021

115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

Macon YDC was last audited to compliance May 2020; the facility was compliant with all PREA standards.

115.401 (b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Review of the DJJ website confirmed the agency ensures all facilities operated by DJJ were audit each three-year cycle.

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the audit, the auditor was given complete access to, and the ability to observe, all areas of the audited facility. During the site review, the auditor was accompanied by the Director, Assistant Directors, Captain, a Nurse, the Facility PREA Compliance Manager, the Administrative Lt., a Mental Health professional, and the PREA Compliance Specialist, and Regional Administrator.

115.401 (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The facility uploaded all polices and attachments (forms) pertaining to the PREA compliance into the Pre-Audit Questionnaire. In addition, supporting documentation for each standard was also uploaded into the Pre-Audit Questionnaire. During on-site portion of the audit, the auditor was provided additional documentation to review. After the on-site audit, the auditor did not need to request additional documentation.

The facility provided proof of staff, contractor, and volunteer training, to include NIC training certificate for investigators, medical and mental health staff. Youth's PREA

	<p>training, intake and orientation records, assessments, and reassessment, and education materials were provided by the facility.</p> <p>MOUs for an outside advocate services and SANE exams were reviewed by the auditor.</p> <p>Accountability Statements identified SART team members to include the PCM, investigators, and retaliation monitor.</p> <p>115.401 (m) The auditor shall be permitted to conduct private interviews with residents.</p> <p>The auditor was permitted to conduct private interviews with residents at the facility. Adequate space was provided to complete all interviews with targeted residents, randomly selected residents, specialized staff, and randomly selected staff.</p> <p>During the site tour, the auditor informally interviewed contractors, staff and residents</p> <p>115.401 (n) 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>The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received from youth, staff, contractor, volunteers, or outside interested parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with this standard 115.403:</p> <ol style="list-style-type: none"> 1. Macon YDC Pre-Audit Questionnaire 2. Policy Review 3. Documentation Review

4. Interviews

5. Observations during onsite review of facility

All Georgia DJJ PREA Audit Reports are published on the agency's website at:
<https://djj.georgia.gov/prea-reports>.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.

Corrective Action: (None)

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
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))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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.)	yes
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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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 has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes