

PREA Facility Audit Report: Final

Name of Facility: Metro Regional Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 04/25/2025

Date Final Report Submitted: 08/11/2025

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: Sharon Ray Shaver	Date of Signature: 08/11/2025

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	03/10/2025
End Date of On-Site Audit:	03/11/2025

FACILITY INFORMATION	
Facility name:	Metro Regional Youth Detention Center
Facility physical address:	1300 Constitution Road Southeast, Atlanta, Georgia - 30316
Facility mailing address:	

Primary Contact

Name:	Selma Callaway
Email Address:	selmacallaway@djj.state.ga.us
Telephone Number:	404-683-4792

Superintendent/Director/Administrator	
Name:	Selma Callaway
Email Address:	selmacallaway@djj.state.ga.us
Telephone Number:	404-683-4792

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

Facility Health Service Administrator On-Site	
Name:	Sateisa Smith
Email Address:	sateisalsmith@djj.state.ga.us
Telephone Number:	229-220-9216

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	73
Average daily population for the past 12 months:	75
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-20
Facility security levels/resident custody levels:	all
Number of staff currently employed at the facility who may have contact with residents:	78
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	25
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

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

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Walls	Email Address:	jenniferwalls@djj.state.ga.us

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

7	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.312 - Contracting with other entities for the confinement of residents • 115.331 - Employee training • 115.333 - Resident education • 115.334 - Specialized training: Investigations • 115.335 - Specialized training: Medical and mental health care • 115.373 - Reporting to residents
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Number of standards met:

36

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-10
2. End date of the onsite portion of the audit:	2025-03-11

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:	CHOA/Stephanie V. Blank Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	75
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	81
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	39
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>65</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	26
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected youth that met targeted categories and identified their current housing assignment. Then selected additional youth from each of the housing units, taking into consideration factors such as age, race, ethnicity, programming and/or education assignment, and length of time at the facility.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	no barriers were encountered.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. 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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>6</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records and case files, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>A minimum of 8 targeted interviews were required and the auditor oversampled youth with cognitive disabilities and residents who disclosed prior sexual victimization during risk screening to compensate for there being no youth in targeted categories of physical disability, placed in segregation, transgender, blind, or hearing impaired.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>30</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. 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>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Food Service, Housekeeping, Grievance Coordinator, Disciplinary Hearing Officer, Teachers, Victim Services Office, Ombudsman.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

Yes

No

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

Metro Regional Youth Detention Center (RYDC) located at 1300 Constitutional Road, SE, Atlanta, GA 30316 is a 200-bed facility that houses males and female juvenile offenders between the ages of 12-21. Metro RYDC serves Fulton, Fayette, Heard, Henry, Coweta, Spaulding, DeKalb, and Clayton counties. The facility provides temporary secure care and supervision on a 24-hour basis to youth who are charged with juvenile offenses and adult crimes (SB440) pending sentencing in superior court or have been adjudicated delinquent in juvenile courts and awaiting disposition. Metro RYDC provides education, individual guidance and counseling, medical and mental health care, recreation, and structured programming. The facility is currently undergoing major renovations of the housing units. The facility has 8 housing units and each has 25 rooms. Each room has a toilet and sink. Each housing unit has 2 showers on upper floor and 2 showers on lower floor. During construction 75 beds have been taken off-line. During the site visit the auditor inspected all areas of the facility, including the areas under renovation (Units B1, B2, B3). Areas included Administration, Medical Department, Education Department, Main Control, Multi-Purpose Room, Intake Area, Dining Areas, and Housing Units. Units that were in use during the site visit included C1, C2, C3, and C4 (male units), and B4 female unit). Eleven youth were on medical quarantine in Unit C4, so the auditor did not interview anyone assigned to that unit. Logbooks were reviewed during the site inspection, camera views checked, and test calls were placed from a housing unit. The facility was clean and in good repair. Staff and youth were cooperative and polite and willingly participated in the interviews. An Interim Report was issued on April 25, 2025, and on August 11, 2025, the facility had demonstrated full compliance, ending the corrective action period early.

Documentation Sampling

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

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

Yes

No

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

Documentation was collected throughout the pre-audit, site visit, and post audit phases and during the corrective action period. The auditor oversampled youth risk screening documents to ensure that corrective actions implemented were institutionalized prior to ending the facility's corrective action period.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	0	8	0
Staff-on-inmate sexual abuse	8	0	7	1
Total	16	0	15	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	3	3
Staff-on-inmate sexual abuse	0	3	4	1
Total	0	5	7	4

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	16
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>There was only one criminal investigation, all others were administrative. The auditor reviewed 100% of the investigations for the 12 month audit period including information from two cases that occurred during the corrective action period and which are not included in the Post-Audit Questions #79-100. There were two investigations ongoing as of the interim report that were closed during the corrective action period, so the final audit report was adjusted to reflect final determinations of those two investigations.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards
Auditor Overall Determination Definitions
<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)
Auditor Discussion Instructions
<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
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1 Prison Rape Elimination Act; Policy 23.2 Sexual Assault; Policy 3.1, Delegation of Authority and Organizational Chart; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Division of Professional Development (PREA); Metro RYDC Organizational Chart; 23.1, Attachment K, Requirements of a PREA Case; Designation of PREA Compliance Manager Memorandum; Information Obtained from Interviews.</p> <p>115.311(a): The Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The DJJ strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA</p>

Standards established by the United States Department of Justice (DOJ). The auditor's review of policies, interviews with staff and residents, and observations during the site visit conclude that the facility takes the agency's zero-tolerance policy very seriously and cultivates a reporting culture by responding promptly and appropriately to allegations of sexual abuse and sexual harassment.

115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Jeffrey Bright, who oversees the Office of Professional Development and Standards; he is a direct report to Assistant Commissioner, Pamela Hill. Based on an interview with the PREA Coordinator, he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DJJ facilities. He employs support staff and directs designated facility Compliance Managers in the agency's compliance efforts. Interactions occur through verbal, written, and electronic communications and through routine meetings. A PREA Specialist is employed to directly oversee facility audits and annual compliance reviews. If there are issues with complying with a PREA standard, the PREA Coordinator consults with the Agency's Executive Leadership, policy managers and facility staff to resolve concerns. Regular and ongoing communication is held with the PREA Coordinator's office and field staff for support and compliance assessments. The auditor reviewed PowerPoint presentations, agendas, and training documentation as evidence that the PREA Coordinator's office regularly meets with the PREA Compliance Managers to keep them current with PREA matters. Effective August 1, 2025, the agency appointed Jennifer Walls, Deputy Director of Audits, as the designated Agency PREA Coordinator. Ms. Walls previously served as the PREA Compliance Specialist for the agency.

115.311(c): The facility's Director position is vacant, and the responsibilities of this position are being covered by two Regional Administrators. The facility's PREA Compliance Manager went out on extended leave shortly before the audit and Regional Administrator Wilson assumed these duties due to the upcoming audit. In the facility's organizational structure, the PREA Compliance Manager is the Assistant Director of Programs and reports directly to the facility Director. Regional Administrator Wilson explained that the PREA Compliance Manager is given authority over all PREA related duties to include monitoring of retaliation against youth or staff and has sufficient authority to monitor compliance issues in the capacity of Assistant Director. Since the PREA Interim Report was issued, Corey Hill was appointed as the facility Director and is currently serving as the facility's PREA Compliance Manager.

A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard; the facility exceeds by having a dedicated compliance manager who can allocate an appropriate amount of time to monitoring and ensuring continuous compliance. Additionally, the agency exceeds based on the allocation of statewide PREA staff to support the field.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 2.16 Contracts Administration; Policy 20.1, Community Quality Assurance Monitoring; Policy 20.24, Community Residential Programs; Policy 23.1, Prison Rape Elimination Act; DJJ Contracts: Chenault Youth Services, Anchor of Hope House, LLC, Gentle Loving Care Center, Living Our Lives, Right Path Oasis Children's Group Home, Inc.; DJJ Comprehensive Audits: Chenault Youth Services, Anchor of Hope House, LLC, Gentle Loving Care, Living Our Lives, Right Path Oasis Children's Group Home, Inc; PREA Facility Final Audit Reports: Chenault Youth Services, Anchor of Hope House, LLC, Gentle Loving Care Center, Living Our Lives, Right Path Oasis Children's Group Home, Inc.; Information Obtained from Interviews.</p> <p>115.312(a)(b): Policy 2.16 establishes that the Department of Juvenile Justice administers all contracts through two central processing points, the Office of Contracts, and the Office of Procurement to ensure that the Department adheres to all local, state, and federal contracting laws, standards and guidelines and monitors all contracts for compliance. Policy 23.1 establishes that new contracts or contract renewals with public and private entities for the confinement of youth as well as contracts for professional services for youth will include the entity's obligation to adopt and comply with PREA standards. All contractors to include Residential Providers must ensure that all PREA incidents are reported to DJJ Office of Investigations. Policy 23.1 further establishes that District Directors and Community PREA Compliance Managers will monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and will submit reports to Agency PREA Coordinator; The Regional Treatment Services Specialists will monitor and conduct internal audits of all Community Residential Providers for PREA compliance and will submit reports to the Agency PREA Coordinator. Policies 20.1, Community Quality Assurance Monitoring and 20.24, Community Residential Programs policies further direct monitoring of these contractors for PREA compliance.</p> <p>Based on information provided with the PAQ and confirmed through email with the Contracts Administrator, the agency has entered or renewed 40 contracts for the confinement of residents since the last PREA audit. The Auditor's review of five contracts provided and five PREA Audit Final Reports confirmed the requirement for these contract facilities to comply with PREA as a condition of maintaining a contract with DJJ for housing youth in their custody; and review of five DJJ Comprehensive Audit Reports confirmed regular compliance monitoring by the agency. These contractors are established providers of Youth Care Services for a Child Caring Institute (CCI) Base for a Child Placing Agency (CPA) Room, Board and Watchful Oversight (RBWO). An interview with the Agency Contract Administrator and PREA Coordinator confirmed that DJJ contractors acknowledge that, in addition to self-monitoring requirements the Department will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any Contractor</p>

	<p>that fails to comply with Prison Rape Elimination Act (PREA), including PREA Standards and DJJ Department Policies will result in termination of the contract. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. Currently, five facilities meet this contractual requirement for DOJ PREA audits. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance of the Agency-wide PREA Coordinator at least once each audit cycle.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. The agency exceeded the requirements of provision (b) based on the multi-level approach to monitoring compliance with contracted facilities.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 7.6, Video Monitoring System; Policy 8.1, Security Management; Policy 8.20, Room Checks; Policy 23.1, PREA; Policy 23.2, Sexual Assault; Director's Accountability Statements, Subject 115.313; 23.1 Attachment A, Facility Annual Staffing Report; Secure Facility Staffing (SFS) Reports; Unannounced PREA Rounds; CCTV Logs; List of Cameras and Locations; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(b)(c)(d): Policy 23.1 establishes that facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse following Policy 7.6, Video Monitoring Systems. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, adjust, and complete the Facility Annual Staffing Report (23.1, Attachment A) and submit its report by the 10th of December with the required signatures to the Agency PREA Coordinator. Policy 23.1 also states that each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency-approved POST-certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility documents this information daily in the Secure Facility Staffing Report System (SFS). The most common reasons for deviating from the staffing plan in the past 12 months was reported as staff shortages from callouts and influx of youth during crisis events. Staffing allocations are driven through legislation and recommendations from designated agency staff through the State's budget program process. Facility staff have input with the Agency Head through proper channels to provide feedback and recommendations as to additional staffing needs when appropriate. An annual staffing report is</p>

prepared at the facility level each year, which constitutes the current staffing report and the annual review. The auditor reviewed the Facility Annual Staffing Report dated December 2, 2024, prepared, and reviewed by the facility Director and PREA Compliance Manager. This report was also reviewed by the Regional Administrator on December 2, 2024, and on December 4, 2024, reviewed by the Assistant Deputy Commissioner/Security Facilities and the Agency PREA Coordinator. The facility also provided the Facility Annual Staffing Report for 2023 and 2022, indicating that the annual review of the staffing plan was conducted each year since the last PREA audit. The staffing plan is based on a bed capacity of 200; however, during the audit three housing units were under renovation resulting in 75 beds being out of operation. The average daily population for the 12 months prior to the audit was 75. As evidenced by the annual staffing plan review and the Director's Accountability Statement, and confirmed during the auditor's interview with the Regional Administrator, the management team took 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 when conducting the annual review.

The Regional Administrator explained during her interview that recruitment and retention efforts for security staff are ongoing. The facility utilizes specially trained non-security staff, holdovers from other shifts, and callbacks or assistance from other facilities when needed to ensure the staffing plan is met. The facility provided a list of staff who are trained to assist with supervision of residents when security staff shortages occur. During the site visit the auditor observed staff to youth ratios in various areas throughout the facility on first and second shifts and found the facility met the required staffing ratios. The facility enters the daily staffing into the agency's Secure Facility Staffing (SFS) Report System which is the database to track staffing deviations and compliance with the required ratios.

The auditor's review of the information provided with the PAQ and confirmed through interviews confirmed that the facility deviated from the staffing ratios of 1:8 during the resident waking hours 29 times and deviated from the 1:16 during sleep hours 32 times. In instances where there are shift deficits, shift supervisors are required to cover these deficiencies by utilizing the recall list of staff; utilizing a holdover from the previous shift; utilizing a staff coming in for overtime; or requesting assistance from nearby facilities. Interviews with the two Regional Administrators confirmed that they will come in to provide coverage when necessary. The auditor requested a sample, and the facility provided the SFS Reports for the requested dates of the 1st, 10th, and 20th between March 1, 2024-February 2025, and for March 3-11, 2025. Of the 46 sample reports reviewed,

there were 6 times the facility deviated from the ratio requirements during waking hours and 1 time during sleeping hours for a 92% overall ratio compliance. All deviations from the staffing plan were clearly documented on the SFS as exigent circumstances and an explanation of how posts were covered. The facility demonstrated compliance with the staffing plan except during limited and discrete exigent circumstances which were fully documented.

The facility provided a list of 296 cameras with their locations identified. These cameras allow monitoring in all areas of the facility where youth are allowed except inside resident rooms, showers, toilet areas, and those areas where residents may be subject to an unclothed body search. These cameras are monitored by the main control room officer and footage is recorded and stored for up to 59 days. Additionally, members of the management team have access to view these cameras from their office computers. Interviews with the Regional Administrators found that they frequently spot check critical areas throughout the day and night using the camera system in addition to making frequent and unpredictable rounds. The auditor's site visit included observations of staff line of sight, blind spots, areas where residents are not allowed, indirect supervision practices, and camera placements and staff viewing. The auditor's observation of the camera locations and positioning found that there were no viewing obstructions, and no areas were identified that were not adequately covered by a camera. When a camera is found inoperable this is noted in the logbook and a work order is entered so the camera can be repaired. An interview with maintenance staff confirmed that camera outages are reported immediately for repair and considered a high priority to restore operability. Rooms that residents are not allowed were marked accordingly and the auditor observed that entry to these areas is covered by camera views.

115.313(e): Policies 23.1 and 8.2 require an Administrative Duty Officer (ADO) or facility Director to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted after 12:30 am and no later than 4:30 am per month. Staff are prohibited from alerting other staff to such rounds. Staff members cannot conduct unannounced rounds during his/her assigned shifts. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA audits. The unannounced PREA rounds logbook is kept in the control room for audits and investigations. The auditor reviewed 59 Unannounced Rounds forms completed between January 4, 2024-February 20, 2025, and found that intermediate-level to higher-level supervisors conduct and document unannounced rounds on all shifts, day and night, to identify and deter staff sexual abuse and sexual harassment. These rounds include areas of the facility that are under renovation and operational areas. The auditor reviewed random logbooks during the site visit and observed documented rounds by supervisors made at random times during both day and night shifts as well. Interviews with random staff confirmed they are aware that they are prohibited from alerting other staff when these unannounced rounds occur. Interviews were conducted with the staff who serve as ADO and both Regional Administrators regarding their experience of making unannounced rounds and they

	<p>all explained their methodology which was in alignment with the requirements of provision (e) of this standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 4.5, Staff Training Requirements; Policy 7.6, Video Monitoring System; Policy 8.22, Searches and Contraband Control; Policy 23.1, PREA; Policy 23.3, Sexual Assault; 23.1 Attachment C, Cross Gender Searches Documentation; Metro Cohn RYDC 23.3 PREA, Local Operating Procedures (LOP); Cross-gender Pat Search Training Video Link; Guidance in Cross-Gender and Transgender Pat Searches PowerPoint Training and Facilitator Guide, PRC/The Moss Group; Limits to Cross Gender Viewing and Searches PowerPoint DJJ Handout; Director's Statement 115.315; Sample of Training Records; Sexual Orientation Gender Identity Expression (SOGIE) Assessment Form; Transgender Declaration of Preference; Information Observed During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c): Policy 23.1 establishes that the facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22 establishes that cross-gender pat-down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The facility indicated in the PAQ there were no cross-gender searches of any kind conducted during the 12 months preceding the audit which was further corroborated by a written statement from the Regional Administrator, an interview with the Regional Administrator, and interviews with 12 random staff; therefore, no documented logs exist for the auditor's review. The random staff interviews confirmed that only exigent circumstances would require cross- gender strip searches and visual body cavity searches and that they would require a supervisor's approval. They were aware that any searches of this type would be documented on a log and an SIR completed. Residents denied ever being unclothed in full view of non-medical, opposite gender staff. Random staff interviews (12) also confirmed that staff is aware of the policy that prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The auditor interviewed 16 (5-female/11-male) residents who confirmed that they have never been searched by an officer of opposite gender and that opposite gender staff announce their presence when entering a resident housing unit. There were no</p>

transgender/intersex youth admitted to the facility during the site visit to interview.

115.315(d): Policy 23.1 states that staff members of the opposite gender must announce their presence when entering a youth housing unit. Youth access will not be restricted to regularly available programming or other out-of-cell opportunities to comply with PREA provisions. Policy 7.6 states for reasons of privacy, CCTV will not be used to monitor showers and toilet areas; areas used for strip searches; individual cells; and medical exam and treatment rooms. The auditor reviewed all camera views in the facility and found none that viewed an area where there is an expectation that a resident would be unclothed, including into the youths' cells. Interviews with 12 random line staff, and facility leadership confirmed that where possible male officers manage male youth during showers; however, there are times when female officers monitor the shower process. Female staff always manage female youth showers. Female staff interviewed by the auditor confirmed that there is no issue with opposite gender viewing when supervising male youth during showers as the youth have privacy and must be dressed when entering and exiting the shower. Each dormitory has individual showers and residents are able to have complete privacy during their showers and to secure the main door to the area.

During the site inspection the auditor observed that there is no direct view into the shower area from the door. This was further corroborated during interviews with youth. During the site visit, the auditor observed areas used to conduct strip searches and pat-down searches and assessed whether opposite-gender staff can watch the conduct of a strip search, absent exigent circumstances. Unclothed body searches are only conducted in the youths' cells or in the intake area and always by same-gender staff. The auditor observed that searches are obstructed from cross-gender. The auditor also reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed, taking a shower, using the toilet, or during an unclothed body search. This was also confirmed through informal conversations with staff who stated they have never encountered a time when they observed a youth undressed. During the site visit, the auditor observed opposite-gender announcements being made when entering a living unit, the shower area, and the medical unit. Conversations with staff during the site visit found they all make their appropriate opposite gender announcements and have not participated in or observed any opposite-gender strip searches or viewing at the facility.

115.315(e): Policy 23.1 establishes that staff are not permitted to search or physically examine a transgender or intersex youth to determine the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff. The gender of the staff member searching a transgender or intersex resident will depend on the individual resident's specific needs and the facility's operational concerns. Under most circumstances, this will be a case-by-case determination, which may change throughout confinement and should take into consideration the gender expression of the resident. The facility uses information from Policy 23.3, Attachment A: Transgender/Intersex Declaration of Preference Statement, when

	<p>deciding a case-by-case determination of staff gender during searches of Transgender or Intersex residents. Interviews with 12 random security staff confirmed they are aware that under no circumstance would they search a resident for the sole purpose of determining the youth's genital status.</p> <p>115.315(f): Policy 23.1 states that DJJ staff responsible for searches will be trained in conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. The facility reported on the PAQ that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor conducted interviews with 12 security staff and found they had all received their initial searches training when they attended the academy prior to being a certified Juvenile Correctional Officer (JCO). Additionally, a refresher is provided on searches each year during the PREA portion of in-service. The auditor reviewed the searches curricula Cross- gender Pat Search Training Video Link; Guidance in Cross-Gender and Transgender Pat Searches PowerPoint Training and Facilitator Guide, PRC/The Moss Group; Limits to Cross Gender Viewing and Searches PowerPoint DJJ Handout and found they meet the requirements of provision (f). The auditor reviewed the JCO academy training topics and OJT checklist and confirmed that searches training is included in both. An interview with one of the Field Training Officers (FTO) confirmed that search procedures are reviewed as part of the OJT checklist when new officers return from the academy.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</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>Evidence Reviewed: Policy 13.32; Policy 15.7, Access to Telephone; Policy 15.10, Language Assistance Services; Policy 23.1, PREA; Special Education Teaching Certificate; PREA Intake Flyers (English & Spanish); PREA Posters (English/Spanish); Youth Safety Tips Poster (English/Spanish); DJJ Website Translations; Contracts with Ad Astra; Lionbridge; Interpreters Unlimited, LanguageLine Solutions, Translation Station; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a): Policy 15.7 requires each facility to be equipped with a telecommunication system that facilitates the transmission of messages, volume control, and the effective communication of juveniles and other parties with speech and hearing impairments. Youth who receive services for the Deaf/Hard of Hearing</p>

through Special Education or Section 504 will have access during and after school hours to assistive and adaptive technology (including TTY phone) as outlined in their Individualized Education Program (IEP) or Section 504 plan. The facility case manager (e.g., RTI Chair, Special Education teacher) will request the technology (TTY phone) through their local administrator, who will then receive the technology (TTY phone) from the Director of Special Education. Policy 13.32 states that the Department of Juvenile Justice-Georgia Preparatory Academy (DJJ-GPA) shall identify school-age students with disabilities and provide these students a free and appropriate public education in compliance with state rules and the Individuals with Disabilities Education Act (IDEA 2004). DJJ-GPA shall provide a continuum of special education services to ensure that students with disabilities are educated with their non-disabled peers to the maximum extent possible. Policy 23.1 states that the facility will use definitions from Policy 13.32, Special Education Services, to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist youth with disabilities in delivering PREA information. The guidelines include identifying staff responsible for services; processes for accessing services during regular hours, weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and follow-ups. The auditor interviewed one of the Special Education Teachers at the facility who explained the process for assisting with and accommodating communications for disabled youth and explained the plethora of devices and resources available to residents. He further explained that he is unaware of a situation where accommodation was required during delivery of the PREA education within the audit period, although they would be provided if a need is identified. The facility provided State certificates for the three special education teachers employed by the facility.

115.316(b): Policy 15.10 states that the DJJ shall prohibit discrimination based on their proficiency with the English language. To ensure effective communication with all youth at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to youth with limited English proficiency (LEP), at no cost to the youth. As needed, documents intended for youth (e.g., youth handbooks, help request forms, grievance forms, etc.) will be translated into Spanish. Other language translations will be made as needed. Oral communication with LEP youth will be provided by bilingual staff or through an interpreter. Each secure facility will give the LEP youth the "I Speak" Form (Attachment B) at intake to identify the youth's language needs. The specified language proficiency of the youth will be recorded in the Juvenile Tracking System (JTS). The facility's PREA intake posters are available in English and Spanish. Accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. Policy 13.32, Special Education Services, and its definitions of disabilities are to be used by education staff to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure

that education staff develop guidelines that will assist youth with disabilities in delivering PREA information. These procedures include identifying staff responsible for services; processes for accessing services to include weekends, holidays, and after hours; creating documentation in JTS; establishing timeframes in which service is to be delivered; and follow-ups. The agency maintains contracts for language interpreters, virtual and in-person services. The auditor reviewed these contracts which included Ad Astra; Lionbridge; Interpreters Unlimited, LanguageLine Solutions, and Translation Station. The agency also makes available a link on its public website provided by the State of Georgia. This link provides automatic translation of text into seven languages. Conversations with staff during the site inspection confirmed staff were aware of this link being available for communicating with LEP residents but have never had the need to use it. The PREA posters and literature is published in English and Spanish, being the most common languages encountered; however, the PREA Specialist explained that additional translations will be made for other languages should a youth be admitted needing a language other than English or Spanish.

The auditor obtained a resident roster by housing unit from the facility on day one of the site visit with a total of 81 residents currently admitted. The auditor also requested a list of all youth with a disability and who are identified as LEP. On the first day of the audit, the facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); receiving mental health services (39); LEP (1). During the site visit, conversations with the Regional Administrator, education staff, counselors, security staff, and medical confirmed that there were no youth at the facility in any of the targeted categories except for those on a mental health caseload/special education, and the 1 LEP youth. From the list of residents currently receiving mental health services the auditor selected 6 youth who had cognitive impairment, and 1 LEP youth for targeted interviews. In addition to utilizing questions from the Juvenile Resident Survey found on the PRC website when conducting these interviews, the auditor asked questions from the related targeted resident questionnaires.

All 7 residents had a thorough understanding of the zero-tolerance policy for sexual abuse and sexual harassment and were able to explain to the auditor the training they received upon admission to the facility. They all stated they were told about PREA, the zero-tolerance and how to make a report when they arrived and signed the acknowledgement documents and then received PREA training from their counselor and watched the agency's video. Based on documentation reviewed from these resident's files, resident interviews, intake officer interview, Special Education teacher interview, and Juvenile Detention Counselor (JDC) interview, no special accommodation was required during the delivery of the PREA education. The Counseling IPD explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities as confirmed during an interview with the Special Education Teacher. The collective of all interviews confirmed the agency

ensures that residents are educated regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, as outlined in the documentation review of this standard. The Regional Administrator provided the auditor the instructions for accessing the interpretation services. These instructions were also observed in the main control room, at the intake desk, and in the counselor's offices. If youth require interpretation services they will coordinate with their JDC who will bring them to their office to access the service privately. The housing unit telephones provide speed dialing instructions in both English and Spanish. An interview with the Agency Head confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She also spoke about the procedures in place to ensure meaningful and full access to the agency's sexual safety efforts and resources. An interview with the intake officer revealed that she delivers the initial PREA information to residents upon arrival and explained that she makes every effort to ensure that the information is delivered in an appropriate manner so that each resident understands the information. She stated she has not had a youth that required special services to provide the information but would reach out to the PREA Compliance Manager for guidance if she did.

115.316(c): Policy 15.10 establishes that family members, children, friends, and untrained volunteers will not be used as interpreters unless specifically requested by the youth or youth's parent or legal representative and upon approval of the JDC. Facility Directors are required to ensure that all staff are trained to access language assistance services. The agency has a translations link on its public website that may be used by staff or other interested parties. Policy prohibits the use of youth interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. The auditor observed the contact information for the interpreter service providers posted in the intake area, control room, and medical department for use by staff as needed. The facility reported on the PAQ there were no instances where resident interpreters, readers, or other resident assistants were used or needed during the 12 months preceding the audit. The auditor learned through conversations with staff that interpretation services will be made readily available to residents with the assistance of education, medical, mental health, or counseling staff when needed. They also confirmed the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse or sexual harassment was prohibited. The auditor used the facility's LanguageLine account for interpreter services during the interview with the one LEP youth. The auditor's interview with this youth confirmed that a staff interpreter was used during intake and that medical and counseling staff have utilized the "telephone" interpreter during sessions.

	A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Evidence Reviewed: Policy 3.52, Background Investigations; Policy 5.9, Personnel Records; Policy 23.1, PREA; 23.1 Attachment D, PREA Employment Questionnaire; 23.1 Attachment E, PREA Acknowledgement; Employee List; Contract Staff List; Email from HR about PREA Pre-employment questionnaire; DHS Division of Family and Children Services Child Abuse Registries Memo; HR Agenda-Reference Check/ HR Friday Call; Personnel Records; Self-Initiated Corrective Action Plan (CAP) Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Corrective Action Plan; New Hire Packets; Employer Reference Check Forms; Interviews.</p> <p>115.317(a)(b)(f)(g): Policy 23.1 establishes that Facilities/Programs/Offices will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion. Policy 23.1 establishes that DJJ is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment, and/or any civil/administrative liabilities for sexual misconduct prior to employment and/or promotion. Each applicant is required to complete Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process. Policy 3.52 establishes that an applicant for a position that involves contact with youth confined in a secure facility is automatically disqualified from employment if he/she has any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility; any conviction for 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 in the absence of a conviction, any civil or administrative finding that the applicant engaged in any sexual activity described previously. Additionally, Policy 23.1 directs that staff or contractors who omit material information regarding sexual abuse and sexual harassment or provide materially false information will be terminated. As of May 24, 2023, the PREA Pre-Employment Questionnaire was integrated into the Background Check Application System (BCAS) electronically for new hire and promotion candidates. When candidates, employees, or vendors are sent the background check link via BCAS, candidates will be prompted (and required) to</p>

complete the PREA Pre-Employment Questionnaire questions. The form is stored electronically within BCAS and includes the following questions 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in such activity. The agency previously kept paper copies of the signed form 23.1 Attachment D, obtained during interviews, at local personnel offices; however, now this documentation is obtained and retained digitally by the Criminal History Unit (CHU). Policy 23.1 requires that Employees/Part-Time/Per Diem/Interns and individual contract employees must read and sign the Staff PREA Acknowledgement Statement (Attachment E), and a copy will be maintained in the personnel file or the appropriate file. This form acknowledges that the employee has received and reviewed Policy 23.1 which imposes a continuing affirmative duty to disclose any misconduct.

The auditor reviewed a sample of 38 Staff PREA Acknowledgement Statement for employees, contractors, and volunteers during file reviews. Since the PREA Pre-Employment Questionnaire questions are asked as part of the BCAS system digitally paper forms are no longer retained at the facility level. The auditor requested and received a random sample of 7 PREA Employment Questionnaires for review confirming these are asked each time a background requested form is submitted. During an interview with the local Business Support Analyst 2 who supervises the human resources functions at the facility, she explained that employees are required to disclose any previous misconduct and that all new hires are informed of the continuing affirmative duty to disclose any such conduct and that material omissions regarding such misconduct or materially false information are grounds for termination during the initial orientation process and through policy review. She further confirmed that employees are screened by DHS for Child Protection Services (CPS) involvement. During the interview, she also confirmed the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The interview confirmed that candidates involved in a prior incident of sexual harassment would require special approval to be employed or promoted and that the decision would be made by central office leadership. The agency's database is checked for incidents of sexual harassment prior to promoting an internal candidate. Interviews with 12 random staff confirmed they are aware of their continuing affirmative duty to disclose to the agency any misconduct or encounters with law enforcement.

115.317(c)(d)(e): Policy 3.52 and Policy 23.1 establish that DJJ shall conduct background investigations on applicants, volunteers, interns, contractors, and employees who may have contact with youth. The CHU is the DJJ unit responsible for reviewing and processing criminal records checks, and other background related verification checks for applicants and current employees as required. Background investigations include the investigation and/or verification of the following

information: Criminal history (including fingerprint check); Sex offender registry; Employment history; Internal investigations; Social media; Education verification; Professional credential; Credit history; Military service record investigation (for applicants with a prior military service); Driver's history; and/or Any information provided on the State of Georgia Application for Employment and/or the State of Georgia State Security Questionnaire Loyalty Oath. Policy 23.1 directs that the Department shall conduct criminal background record checks at least every five years for non-security employees in facilities and offices as well as contractors in accordance with DJJ 3.52, Background Investigations. The Department performs a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52, Background Investigation. Policy 3.52 directs that all employees and contractors will have a criminal record check completed every five years. The CHU will establish and maintain a schedule, by organizational unit, which will ensure that the criminal record check of every employee and contractor is checked every five years. All current employees selected to fill a position because of a promotion shall have a criminal record check prior to being placed into the position. Policy 3.52 requires reference checks to be conducted by making its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During a Human Resources training event on August 30, 2024, a PREA Reference Check Overview was presented by the Agency PREA Compliance Specialist. The auditor reviewed the procedure from the Georgia Department of Human Services confirming employees are screened for CPS involvement which was also verified during an interview with Central HR.

During the interview with the Business Support Analyst 2, the auditor confirmed that the agency performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees, those who are being considered for promotions, and contractors who may have contact with residents prior to employment or services rendered. She also explained that employees have an updated background check either every five years or when they are considered for a promotion. The CHU regulates the procedures to ensure these background checks are run and complete a portion each year, as required to keep current and within the requirements of PREA. Employee background checks are initiated by the facility HR; however, background checks on contract employees are initiated by the Central Office program office where they are attached. Background checks for contract service providers are completed at the local facility by the business office staff or through the central office department securing the contract. The Agency PREA Coordinator explained the recurring background check procedure during his interview and provided the auditor with a memorandum from the Agency Director of Human Resources dated November 4, 2024, regarding PREA Background Checks. This memorandum explained that in 2022, the Office of Human Resources' CHU ran background checks for the entire agency to follow PREA standards. However, to ensure that no one is missed, CHU will restart the five-year cycle beginning the first of the 2025 calendar year and conclude no later than the end of the first quarter of 2025. This will be the restart of running background checks for

the entire agency every five years. This process will also include contractors for the agency. To ensure the process does not leave anyone out, a detailed employee report will be sent to CHU from the manager of the Office of Human Resources Operations Unit. This report will include all the full-time and part-time staff for the agency. Additionally, each Secure Facility and Community Supervision Office will be contacted by CHU to obtain a list of all contractors working for the agency. All agency employees and contractors will have their background checks run every five years to ensure compliance with PREA Standards. New hires have their background checks conducted at the time of hire and then again during the five-year PREA check window, even if the hire date is within a year of the agency-wide PREA background re-check window. In addition, all internal candidates will have their backgrounds run at the time of promotion.

The facility reported 56 new hires and 25 contracts for services were processed for this facility within the audit period and 100% had the required criminal background record checks. The auditor selected from a list of current employees and a list of contract personnel random records review. The auditor selected 7 staff who were employed for more than five years, 15 who were hired during the 12 months preceding the audit. The auditor selected 22 contract personnel for records review. Misconduct questions required of provision (f) of this standard are covered during the background check authorization electronically. Prior to 2024 these forms were completed manually during the employee's interview. The auditor selected four records (3-employee/4-contractor) for review and verified that the misconduct questions were asked as part of the background check authorization. Of the 15 staff hired within the 12 months preceding the audit, 13 had previously worked in an institutional setting. Review of the reference documents provided concluded that 3 of the 13 prior institutional employers were asked for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The remaining 10 were not documented as having been checked or indicated N/A for the corresponding question, which would indicate to the auditor that the question was interpreted as not applicable. The auditor concluded after review of the sample of personnel records that there were inconsistencies in checking references with institutional employers and the documentation did not support that these employers had been asked about any substantiated sexual abuse or harassment or resignations during an investigation for all institutional employers. The most recently hired employee with prior institutional experience was clearly documented which indicated to the auditor that corrective measures have been instituted. The facility was found out of compliance with provision (c-3) and entered a 180-day corrective action period to demonstrate the newly implemented procedures are institutionalized. To become compliant the facility was required to provide documentation supporting 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 for new applicants who have prior institutional experience hired during the corrective action period.

Corrective Action Taken: The facility developed a corrective action plan to properly

	<p>document when an applicant has prior institutional employment which included refresher training with facility human resources staff. The reference check question number 8 will need a response, and N/A is not a response to this question unless the applicant had no prior institutional employment. The compliance efforts are to be monitored by the Director and Regional Administrator. The facility processed 21 new hires between March 21, 2025, and July 11, 2025, including 4 who had prior institutional employment. The auditor’s review of the reference checks for these 4 employees confirmed that the facility contacted the employee’s prior employer for information about any substantiated sexual abuse or sexual harassment or resignations during an investigation. The facility has demonstrated that the new procedures are institutionalized and are now fully compliant with provision (c).</p> <p>115.317(h): Policy 23.1 requires that unless prohibited by law or DJJ Policies, the Department’s Office of Human Resources in coordination with the Office of Investigations and Office of Legal Services will provide information on substantiated allegations of sexual abuse or sexual harassment between a current or former employee and a youth upon receiving a request from an institutional employer.</p> <p>An interview with the local HR staff confirmed that if a request is received for information on substantiated allegations regarding a prior employee, the request would be forwarded to Central HR to provide a response. The auditor spoke with a Central HR representative, the PREA Coordinator, and the Office of Investigations PREA Unit Supervisor and learned in coordination with the OHR, Office of Investigations and Office of Legal Services, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment or information about a resignation during investigation upon receiving a request from the requesting employer and authorization of the prior employee. There were no known requests from a prospective employer received during the 12 months preceding the audit.</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 7.1, Physical Plant Requirements; Policy 8.15, Video Cameras; Policy 23.1, PREA; CCTV List with Locations; DJJ Facility Opening Synchronization Matrix; Director’s Accountability Statement; Facility Schematics; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Corrective Action Plan; Memorandum from Nelson to Engineering Director RE: Design Guidelines and</p>

Objectives for PREA; Information Obtained from Interviews.

115.318(a): Policy 23.1 establishes that the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse in addition to the requirements in Policy 7.1, Physical Plant Requirements when designing or acquiring a new facility or planning substantial expansion or modification of existing facilities. Policy 23.1 further establishes that the agency will not consider open bay living units to house youth. The Agency PREA Coordinator serves on the primary committee for PREA planning purposes. The facility indicated on the PAQ that there was no new construction at the facility since the last PREA audit. An interview with the Agency Head confirmed that during designing, acquiring, or planning modifications to facilities PREA standards are taken into consideration and incorporated by involvement of the Agency PREA Coordinator. She explained that the goal is to create an environment with high visibility and direct lines of sight, while maintaining privacy for the residents during showers and in other areas where they may be in various stages of undress. The agency provided for the auditor's review a copy of the DJJ Facility Opening Synchronization Matrix for another facility to provide documented evidence that PREA standards are considered during major physical plant modifications; however, this project occurred outside of this current audit period. An interview with the Regional Administrator confirmed that a major renovation project was underway for three of the housing units. Documentation was requested by the auditor to support how the agency considered the effect of the facility design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse; however, this documentation was not provided before publication of the interim report. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the agency was required to provide documented evidence that during the planning of the modifications to the housing units currently under renovation, the agency considered the effect of the design and modifications and video monitoring system upon the agency's ability to protect residents from sexual abuse.

Corrective Action Taken: The facility provided a memorandum provided by the Director of Engineering from the contractor who designed the facility modifications and new construction observed during the site visit. The memo informs that, in addition to state adopted Georgia Building Codes, Accessibility Guidelines, Life Safety Codes, and the American Correctional Association Physical Plant Standards for Juvenile Facilities, the company's designs comply with PREA guidelines that pertain to building design when under contract to Georgia State Finance and Investment Commission (GSFIC) for the design of Department of Juvenile Justice Facilities, including new, renovations and additions. The company specifically evaluates section 115.318 pertaining to Prevention Planning for new and renovated facilities and technologies. When designing or planning any substantial expansion or modification of existing facilities, the company works with DJJ to consider the effect of the design, expansion, or modification upon the agency's ability to protect juveniles from sexual abuse. This includes evaluating plans and designs for any flaws that could put juveniles at risk for sexual abuse (e.g., blind spots). DJJ staff

who are educated about the dynamics of sexual abuse in confinement work jointly with the company to confirm that new facilities and upgrades to existing facilities are planned with sexual safety in mind (e.g. eliminating blind spots). The facility has demonstrated full compliance with provision (a).

115.318(b): Policy 23.1 establishes that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The policy further establishes that youth will not be recorded or viewed when showering, performing bodily functions, or changing clothing. In addition, CCTV will not be installed in youth rooms. The Agency Head explained during her interview that the agency uses technology to provide additional supervision and monitoring of staff and youth interactions, whether installing or updating newly installed monitoring technology the agency strives to have technology that will enhance the agency's ability to keep youth and staff safe. The electronic monitoring system is checked frequently to ensure it is working properly. Any system problems encountered are immediately reported for repair. The auditor reviewed the CCTV logbook maintained in master control and found regularly documented entries of checks to ensure that the cameras are in working condition. During the site visit and review of the camera schematics the camera count was verified as 296. The facility is currently undergoing a major renovation project in three of the housing units which will include installation of cameras. The auditor is awaiting documentation to support compliance with this provision. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the agency was required to provide documented evidence that during the planning of the modifications to the housing units currently under renovation, the agency considered the effect of the design and modifications and video monitoring system upon the agency's ability to protect residents from sexual abuse.

Corrective Action Taken: The facility provided a memorandum provided by the Director of Engineering from the contractor who designed the facility modifications and new construction observed during the site visit. The memo informs that, in addition to state adopted Georgia Building Codes, Accessibility Guidelines, Life Safety Codes, and the American Correctional Association Physical Plant Standards for Juvenile Facilities, the company's designs comply with PREA guidelines that pertain to building design when under contract to Georgia State Finance and Investment Commission (GSFIC) for the design of Department of Juvenile Justice Facilities; including new, renovations and additions. The company specifically evaluates section 115.318 pertaining to Prevention Planning for new and renovated facilities and technologies. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the company and relevant consultants work jointly with DJJ to consider how such technology may enhance the agency's ability to protect juveniles from sexual abuse, and how the new systems can be used to enhance sexual safety (e.g., positioning cameras to monitor blind spots, confirming that areas where a single staff person may be alone with an inmate or resident has video monitoring when at all available). When

	<p>designing or planning any substantial expansion or modification of existing facilities, the company works with DJJ to consider any accommodation that needs to be made to confirm compliance with limitations on cross-gender viewing when using video monitoring technology as required in standard 115.315. The facility has demonstrated full compliance with provision (b).</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 2.10, Payment of Youth Medical Expenses; Policy 8.42, Crime Scene Preservation; Policy 22.3, Internal Investigations; Policy 23.1, PREA; Policy 23.2, Sexual Assault; 23.1 Attachment K, Requirements of a PREA Case; Children's Advocacy Centers of Georgia (CACGA) Commercial Sexual Exploitation of Children (CSEC) Response Contact Sheet and Comprehensive Guide; CSEC First Responder Instructions; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; PREA EMTALA Notice; Memo: Children's Healthcare of Atlanta (CHOA)/Stephanie V. Blank Center GBI Property and Evidence General Information; List of Medical Staff; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Policy 23.1 establishes the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse following Policy 22.3, Internal Investigations. These investigations follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. DJJ and the facility do not have other agencies investigating sexual abuse or sexual harassment allegations which are alleged to have occurred on DJJ property. The auditor reviewed Policy 8.42, which outlines the agency's uniform evidence protocol and found it to be developmentally appropriate for youth. Interviews with the Agency Head, PREA Coordinator, and PREA Unit Chief Investigator confirmed that DJJ Office of Investigations is the designated law enforcement agency for investigating allegations of sexual abuse that occurred in a DJJ facility. They further explained that the agency's uniform evidence protocol is consistent with that of the Georgia Bureau of Investigations (GBI), and developmentally appropriate for youth. Interviews with 12 random staff confirmed their knowledge and understanding of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff were able to articulate the evidence procedures outlined in the facility's Coordinated Response Plan, and PREA policy. Staff confirmed they would implement the first responder protocols if they were the first person to be made</p>

aware that a resident had been the victim of sexual assault; additionally, they would report the incident through their chain-of- command and would discuss the incident only with those who need-to-know.

115.321(c): Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. Any youth reported or believed to have been sexually assaulted will be immediately referred to the on-site health care staff for an appropriate evaluation to determine emergency care needs. An interview with the Health Services Senior Director, also corroborated in written correspondence, confirmed that Medical Services partners with DJJ Secure Campuses in providing support to sexually abused youth in their custody and for responding effectively to abuse when it occurs. DJJ offers all youth who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If a youth requires such examinations, the youth will be transported to CHOA/Stephanie V. Blank Center. DJJ secure campuses are not required by federal law to have hospital agreements (MOU's). Those services including any SANE/SAFE PREA event evaluation/treatments are covered by the EMTALA federal law. Based on review of case files and interviews with the Health Services Administrator (HSA) and Regional Administrator, there was one youth taken to the Stephanie V. Blank Center for a forensic medical exam during the 12 months preceding the audit. The facility provided the comprehensive assessment information from Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team which indicates partner agencies to provide Forensic Medical Exam to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. As a CSEC partner, no MOU is required with the Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. The auditor contacted the center confirming and confirmed SAFE/SANE services are available for DJJ assigned youth.

115.321(d)(e)(h): Policy 23.1 establishes that the facility, through the DJJ Office of Contracts, will enter into a memorandum of understanding (MOU) with local rape crisis centers or community service providers that are able to provide youth with access to outside victim advocates for emotional support services related to sexual abuse. The mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, or national victim advocacy groups or rape crisis organizations, will be posted in the facility or otherwise made available to youth who are victims of sexual abuse. The mailing addresses and telephone numbers of immigration service agencies will be provided to youth who have been sexually abused and are being detained solely for civil immigration purposes. The facility enables reasonable communication between youth and these organizations and

	<p>agencies in as confidential a manner as possible. It is the responsibility of the facility Director to ensure that all youth victims of sexual assault will receive the same level of care as if they were in a community setting. All victims will be immediately referred for outside medical testing and evaluation. Upon release from a secure facility, the Community Case Manager will provide the youth with follow-up referrals for services in the community. Youth will be provided with access to external medical and mental health victim services for sexual abuse incidents upon request from youth, or request or recommendation from SANE, SAFE, or medical services staff. CSEC’s Comprehensive Assessment processes include advocacy services through a local child advocacy center; Intensive case management services; referrals to appropriate community resources; and placement assistance. If requested by the victim, a victim advocate or a qualified agency staff member will accompany the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. Interviews with the Regional Director and Agency PREA Coordinator confirmed if a youth requests a victim advocate one will be provided by CHOA/Stephanie V. Blank Center. Additionally, the DJJ Office of Victim Services will be contacted to assist in coordinating the advocacy services. An interview with two DJJ Investigators confirmed that youth are offered an advocate prior to investigatory interviews which was corroborated through the auditor's review of documented notes in the investigation case files. There were 20 sexual abuse/harassment allegations reported during the 12 months preceding the audit, and of these, one was referred for a forensic medical examination. This resident was still at the facility during the site visit and was interviewed by the auditor.</p> <p>115.321(f)(g): The agency is responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 22.3, Internal Investigations; Policy 23.1, PREA; Policy 23.2, Sexual Assault; 23.1 Attachment K, Elements of a PREA Case; DJJ Public Website; Incident Reports (SIR); Case Files; 2024 Georgia Department of Human Services, Child Protective Services Mandated Reporter Form; Information Obtained from Interviews.</p> <p>115.322(a)(b): Policy 23.1 establishes that Directors ensure that all allegations of sexual abuse or sexual harassment are referred for investigation following Policy</p>

	<p>8.5, Special Incident Reporting. The Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in Policy 22.3, Internal Investigations. The auditor's review of the Allegations Summary spreadsheet and case files concluded there were 21 allegations reported, one was deemed not PREA by the Office of Investigations, 19 were investigated administratively and 1 was investigated criminally and administratively. A referral to the Office of Investigations PREA Unit was clearly documented in the incident report and copies of any email notifications were retained with the local file. The auditor's review of the Allegations Summary spreadsheet, and interviews with the Regional Administrator confirmed that all incidents alleging sexual abuse and sexual harassment were referred for investigation.</p> <p>115.322(c)(d)(e): Policy 22.3 establishes that DJJ Office of Investigations is the investigative authority for PREA related cases involving youth in DJJ custody and under supervision. An interview with the Agency Head, Agency PREA Coordinator and PREA Unit Chief Investigator confirmed that the agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on separate entities.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Evidence Reviewed: Policy 3.22, Harassment; Policy 4.1, Training Program; Policy 4.5, Staff Training Requirements; Policy 23.1, PREA; 4.5 Attachment A, Training Matrix; 4.2 Attachment A, Juvenile Correctional Officer On-The-Job Training Checklist and Manual; 23.1 Attachment G, PREA Training Series and Matrix; PREA Employee Training Series - Module One: Overview of the Law and Your Role, Module Two: Residents' right to be free from sexual abuse and sexual harassment and from retaliation for reporting, Module Three: Professional Boundaries, Module Four: Prevention and Detection of Sexual Abuse, Module Five: Response and Reporting of Sexual Abuse and Sexual Harassment, Module Six: Respectful and Professional Communication with Youth; Gender Responsive Training PowerPoint; Staff Training Record Samples; PREA Refresher Training (Annual Training); Staff Poster: PREA is Good Safety & Security; Staff First Responder Cards; DJJ 23.1, Attachment E, Signed PREA Acknowledgement Forms (uploaded to 115.317); Observations During Site Visit; Information Obtained from Interviews.</p>

115.331(a)(b)(c)(d): Policy 23.1 establishes that all staff must be able to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Employees are required to complete the PREA Training Series (6 hours of training) as listed in Attachment G, PREA Training Series. The Training Matrix, 4.5 Attachment A outlines that all levels of staff must complete PREA Refresher training each year, which includes the same topics. In addition to training, key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, reminders in shift briefings, and staff meetings. The agency PREA refresher training is conducted annually, and all employees are required to complete the online refresher training as designated by the Agency PREA Coordinator. In addition to the agency's training requirements, the State of Georgia, Department of Administrative Services, Office of the State Inspector General requires that all covered employees, including part-time, temporary, seasonal employees, and independent contractors who are regularly on agency premises and/or regularly interact with agency personnel to complete employee sexual harassment prevention training on an annual basis and shall provide sexual harassment prevention training to all new or transferred covered employees within thirty (30) calendar days of hire; and sexual harassment prevention training for supervisors and managers on an annual basis to be completed within thirty (30) calendar days of employment or promotion to a supervisory or managerial position. Through employee signature or electronic verification, employees document that they understand the training they have received. In addition to the required classroom and computer-based training, the OJT curriculum includes information about the resident's rights to be free from sexual abuse and sexual harassment. The OJT Training Guide packet verifies that employees who may have contact with residents receive comprehensive on-the-job training on the dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents. The OJT and the Gender Responsive training include communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and on relevant laws regarding the applicable age of consent. All employees receive PREA training through multiple courses reflected in Modules 1-6 PREA Training curricula including Overview of the Law and Your Role; Residents' Right to be free from sexual abuse and sexual harassment, and retaliation; Professional Boundaries; Prevention and Detection of Sexual Abuse; Response and Reporting of Sexual Abuse and Sexual Harassment; and Respectful and Professional Communication with Youth upon hire. The auditor's review of the training curriculum confirmed that collectively these modules capture all topics that are required of provision (a.1-11). Staff First Responder Cards are issued to employees after the initial training is received in the academy. The auditor observed large signage printed in bold colors, PREA Is Good Safety & Security posters displayed throughout the facility as a constant reminder to staff of the

	<p>importance of the agency's zero tolerance policy. Due to the extensive, multiple PREA training courses available and the annual refresher training requirement for staff, the agency exceeds the provisions of this standard.</p> <p>The facility provided staff training transcripts for 32 employees selected by the auditor for records review. All transcripts reviewed indicated the employee had the initial PREA training and refresher annually. The auditor also observed in these training transcripts completion of the State of Georgia Harassment Training. Interviews with 12 random staff confirmed they received initial training during academy and refresher training yearly. Staff were knowledgeable about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures; the residents' right to be free from sexual abuse and sexual harassment; residents' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassment or cooperating with a PREA investigation; the dynamics of sexual abuse and sexual harassment in juvenile confinement; the common reactions of juvenile victims of sexual abuse and harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with Georgia law related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent. The annual refresher training is completed through the agency's online training system, and an electronic signature is captured upon completion of the training with an acknowledgement that the employee understands the training received. The auditor requested a random sample of the signed DJJ 23.1, Attachment E, PREA Acknowledgement form for 16 employees which were provided for the auditor's review.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. Due to the extensive, multiple PREA training courses available, the annual refresher training requirement for staff, and the State of Georgia training requirements, the agency exceeds the provisions of this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Evidence Reviewed: Policies 2.2, Policy 4.1, Training Program; Policy 14.3, Citizen and Volunteer Involvement; Policy 23.1, PREA; 2.2 Attachment F, PREA Acknowledgement Statement; 14.3 Attachment C, Volunteer/Guest Consent and PREA Acknowledgement; 23.1, Attachment E, PREA Acknowledgement; 23.1

	<p>Attachment G, PREA Training Series; Training Record Samples; Contractor/Volunteer PREA Acknowledgement Forms; Contractor Training Records; List of Contractors/ Contractor Personnel File Audit; Volunteer List; Information Obtained from Interviews.</p> <p>115.332(a)(b)(c): Policy 23.1 establishes that the facility Director shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency’s sexual abuse prevention, detection, and response policies and procedures. Policy 23.1 also establishes that the level and type of training provided to volunteers, interns, and contractors is based on the services they provide and their level of contact with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report sexual abuse. Volunteers complete the online PREA training and Policy 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement. Contractors and Interns must complete PREA training as required by Attachment G, PREA Training Series previously outlined in 115.331. The HUB E-learning System tracks PREA Training. The employee contractors receive the same comprehensive training and annual refresher that the staff is required to take, which is above and beyond the requirements of this standard. The agency maintains documentation confirming that the volunteers and contractors understand the training they have received through electronic signature obtained after the online modules are completed. The facility reported on the PAQ there were 33 volunteers and contractors who have contact with residents and who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The auditor requested and reviewed training records for 26 contractors and 3 volunteers. Contractor training was current for all contract staff.</p> <p>A systematic review and analysis of all evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 13.32, Special Education Services; Policy 15.4, Viewing, Listening, and Reading Materials; Policy 17.2, Youth and Parent Orientation; Policy 18.30, Service Planning; Policy 23.1, PREA; 18.30 Attachment B, Approved Selection of Programs Protocol; 17.2 Attachment A, Orientation Acknowledgement Statement; 23.1 Attachment H, PREA Youth Acknowledgement Statement; PREA Curriculum-Condensed Version - Male & Female (RYDC/YDC); Break the Silence Poster English/Spanish; Youth Education Flyer; Student Handbook (English & Spanish); Zero</p>

Tolerance! Report Sexual Abuse Intake Notification, English/Spanish; Youth Safety Guide (PREA); Youth Safety Tips Poster; PREA Poster; Youth Poster No Means No English/Spanish; DJJ Commissioner's Video mp4 file and SharePoint Link for Facility Access; Completed Youth Orientation Acknowledgement Statements; Completed PREA Youth Acknowledgement Statements; Education PREA Letter December 13, 2012; Teacher Certifications; Contracts with Ad Astra, Lionbridge, Interpreters Unlimited, LanguageLine Solutions, LATN, and Translation Station; Observations During Site Visit; Information Obtained from Interviews.

115.333(a)(b)(e): The Georgia DJJ curriculum model is comprised of several sets of resources, tailored to the entire duration of a youth's confinement. Resources include male and female gender-specific materials, as well as elements addressing LBGTIQ youth, those with behavioral health issues, and youth with handicaps or disabilities. The model is designed around a core element, provided to all youth at different stages in their programming, starting at the reception process, different models address youth who are present for short stays, as well as those who may be confined for several years. Short-stay youth receive a basic PREA curriculum. Youth who have a longer stay are provided with additional PREA elements. Additional issue-specific PREA resources are provided through the behavioral health clinicians for those youth on their caseload, and for youth who may be in several higher risk categories. A very significant element is the inclusion of PREA Motivational Interviewing assessments and several sets of PREA-specific situational confidence resources. The curriculum is designed to empower youth 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 lives. Policy 23.1 establishes youth will receive age-appropriate information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment during the intake process. Policy 23.1 further establishes within 72 hours of the intake process, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The auditor reviewed the Commissioner's Video and the agency informational handouts, available for males and females and various age ranges. The materials inform the youth of the agency's protocol for responding to such incidents. The Agency PREA Coordinator authorizes all materials used during orientation, training aids and informational literature and curriculum used to convey the PREA message to youth during intake and orientation and found it comprehensive and age-appropriate and gender appropriate. The Zero Tolerance! Report Sexual Abuse Intake Flyer is covered with each youth during intake. Additionally, each youth is shown the DJJ Commissioner's Video during the intake process which covers the agency's zero tolerance policy and reporting methods. The facility maintains documentation of each youth's participation in the orientation, and the facility case manager documents the youth's participation in a JTS PREA communications note. In addition to the initial notification about PREA and comprehensive education the agency also offers a PREA Class to youth who are going to be assigned to the facility for longer periods of time. Policy 18.30 directs that the Juvenile Detention Counselor and/or support staff will provide the PREA

curriculum to youth. The auditor reviewed the gender specific six-part curriculum for the PREA Class which includes Introduction to PREA, Reducing Your Risk, Targets, Boundaries, Protective Measures, and Putting it All Together. The course provides scenario-based content that is discussed with the youth by the instructor in a classroom setting. Each youth has a worksheet and completes the worksheet for each part as the class proceeds to provide a self-assessment in helping them understand what behaviors or activities may increase their risk for sexual victimization and what they can do to increase their risk of being safe from sexual abuse and sexual harassment. This course exceeds the minimum requirement of provision (b).

The facility reported on the PAQ that 749 residents were admitted during the 12 months preceding the audit and were given PREA information at intake as well as comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incident within 10 days of arrival. The auditor selected 50 names from the list of admissions for the prior 12 months, including 16 youth who were interviewed during the site visit, for records review. A review of these records found signed documentation indicating that each youth received information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake on the day of arrival. Additionally, each youth received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. Of the 50 youth records reviewed, all received comprehensive PREA education within 72 hours of intake. During the site visit the auditor obtained a youth roster printed by housing unit indicating 81 (22-females/59-males) residents were currently admitted. The auditor also requested a list of residents meeting the following criteria: residents with a disability, residents who are LEP, residents who identify as LGBTI, residents who have disclosed prior sexual victimization during risk screening, residents who have made a report of sexual abuse or sexual harassment at the facility, and residents who have been placed in isolation for being at risk for sexual victimization. On the first day of the audit, the facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); physical disability (0); receiving mental health services/cognitive disability (39); limited English proficient (1); reported prior victimization (6); Lesbian/Gay/Bisexual (4); Transgender/Intersex (0); reported allegation at facility (5); and placed in isolation for being at risk for sexual victimization (0). Based on the auditor's observations during the site visit, informal conversations with staff and residents during the site visit, and a review of the demographics noted on the youth roster and review of case files, the auditor found no evidence to contradict the targeted categories listed as none. The auditor selected 16 residents (8-random/8-targeted) to interview in the following categories: cognitive disability (6); reported sexual abuse at the facility (1); disclosed prior sexual victimization (3); identified as Lesbian/Gay/Bisexual (4); and limited English proficient (1). Six residents qualified for more than one targeted categories. The Auditor's Handbook recommends for this population size to interview at least two

youth who reported sexual abuse at the facility; however, after reviewing the case files involving the youth who were still at the facility, the auditor concluded that it would not benefit the results of the audit, nor would it be in the best interest of the youth involved to interview four of the five.

The auditor took into consideration factors such as demographics, housing units, age, and length of time at facility, and programming when selecting the random residents. The auditor utilized questions from the Juvenile Resident Survey found on the PRC website when conducting these interviews and documented them on a modified questionnaire form. The residents told the auditor that they had all received the initial PREA training at another facility when they were first brought into custody and every time they had come in again or had been transferred to another facility. They also stated that they received the PREA education at Metro RYDC as well explaining that the information provided to them at intake was explained to them in a one-on-one setting by the intake officer and that they understood the zero-tolerance policy and ways to make a report of sexual abuse and sexual harassment. All youth interviewed said they had watched the Commissioner's video about PREA with their counselor. Residents said the video covered PREA and their rights in DJJ custody. Based on these interviews the auditor understood that the intake officer covers the basic PREA information found on the Orientation Sheet with the newly admitted resident and then the Juvenile Detention Counselor (JDC) covers the full PREA educational material with the resident afterwards and plays the video which was consistent with the information conveyed during staff interviews.

All 16 residents interviewed were able to articulate to the auditor their knowledge of the facility's prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The auditor asked each resident to explain what they had learned from the video, presentation, and what they had been told by staff about the zero tolerance for sexual abuse and sexual harassment and their rights. Each used their own words to describe what they remembered and conveyed the information to the auditor based on their communication capabilities. Overall, the auditor felt that they all had a good understanding on their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Additionally, they understood the facility rules about PREA, various methods to report an incident, and what would happen if they reported an incident.

There were no new admissions to the facility during the site visit for the auditor to observe. As there were no new arrivals during the site visit, an interview with the intake officer covered a simulation of the intake process for the audit. She explained that the intake process begins immediately upon the youth's arrival with the staff verbally providing an explanation of the admission process. New admissions are provided with a formal orientation presentation on admission to Metro RYDC which includes a verbal review of the youth handbook, information concerning PREA

presentation and intervention, self-protection, reporting sexual abuse, and treatment and counseling services. Youth view the department's video (a.k.a. Commissioner's video) regarding the reporting of alleged child abuse, including sexual abuse, and bullying. Youth are given the opportunity to ask questions concerning the video to ensure they have a comprehensive understanding of its meaning. At the time of intake each youth receives a student handbook, PREA pamphlets, and is advised of who they can make a report of sexual abuse or harassment to including contact names and numbers to report PREA complaints. Youth with limited English proficiency are provided an interpreter through the central office contracts if needed. She also explained that the video is closed caption and that youth with limited reading skills and or cognitive disabilities are provided one on one assistance as needed to understand the orientation, PREA video presentation, and written materials which will be coordinated with the education department. After the initial orientation the youth is seen by medical for the medical intake screening and then is taken to the JDC who provides the comprehensive age-appropriate orientation to youth which includes the required PREA educational materials. The auditor interviewed two JDCs who both explained that orientation is completed on the date of arrival, with few exceptions or when youth arrive at the facility after regular business hours. When that occurs, PREA education is completed on the following day, but never more than 72 hours, barring any unusual circumstances. During the orientation, the JDC meets with the youth one-on-one in their office. They explained that generally they play the Commissioner's Video which covers the comprehensive topics on sexual abuse prevention. Once the video is completed the JDC asks if the youth wants to discuss anything from the video or if they have any questions. The JDC reads/explains the following topics: prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The methods of reporting covered include a) completing a help request form; b) using the grievance process; c) dropping a note in the Director's box; d) telling a counselor, youth probation or parole officer, medical staff, or mental health staff Director or Assistant Director, parent or guardian, chaplain or minister, or any trusted adult; e) tell the legal counselor; f) using the RAINN/National Sexual Abuse Hotline, 800 numbers listed on PREA posters, GA Network to End Sexual Assault (GNESA), GA DJJ Victim Services, GA Ombudsman Office, GA Department of Human Services/Division of Family and Children Services; g) writing a confidential letter to an outside organization. After delivery of this information the JDC asks the youth to sign the PREA Youth Acknowledgement Statement indicating they understand the PREA information provided. Each youth receives a Student Handbook from the JDC and the Facility Rules which also includes sexual safety/PREA information. The agency publishes the Student Handbook in English and Spanish and the PREA Specialist explained that it can be translated into other languages upon request. At the end of the orientation, youth are asked to sign the orientation form which also notes that the resident received the comprehensive training.

115.333(c): Based on a memorandum and interview with the Agency PREA Coordinator, between December 17-19, 2012, the designated PREA training was delivered to all youth housed at a DJJ facility and documented by signed PREA Acknowledgement Forms as a baseline for the agency's initial PREA roll-out. The same intake and orientation process is repeated each time a youth transfers from another facility. Youth interviews (16) confirmed that all residents, including those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment as described in the documentation review of this standard.

115.333(d): Policy 23.1 establishes that education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment as outlined in Policy 13.32, Special Education Services. In addition, accommodation will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. The facility had one LEP youth assigned during the site visit and the auditor used the LanguageLine Solutions services during the interview using instructions provided by the facility to access the appropriate interpreter. The auditor reviewed the contracts for services with Ad Astra, Lionbridge, Interpreters Unlimited, LanguageLine Solutions, LATN, and Translation Station. The contact information for the interpreter services was found in the main control room, intake area, medical department, and JDCs offices. The auditor confirmed during interviews with the medical staff, JDCs, mental health counselors, education staff, and the Regional Administrator that youth would be provided with an interpreter if needed, whether they ask for it or not and these communications are documented in the youth's file notes. The Regional Administrator and one of the Special Education Teachers explained that if the facility receives a youth whose first language is not English, a system will be implemented to ensure that the resident has reasonable and prompt access to an interpreter as needed. All reporting methods via telephone have English and Spanish options available. Youth can anonymously report and confidentially access emotional support services through the phone by speed dial. Informal conversations with staff confirmed interpretation services would be accessed in a private location. Youth do not have direct access to the interpreter services but can easily access them by making a request to their JDC, a teacher, or any other staff they feel comfortable asking. The interview with the Special Education Teacher confirmed that accommodation will be made for any youth as required. The agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or for translating written documents. The auditor confirmed that all youth received the intake education in a method in which they understand, regardless of disability or language barriers. The JDC explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. The facility provided teaching certificates for the special education teachers employed by the facility and the auditor

	<p>interviewed one who confirmed the procedures that would be used to deliver the PREA comprehensive education to a youth who is LEP, blind or visually impaired, deaf or hard of hearing, or cognitively impaired. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities. The collective of all interviews confirmed the agency ensures that residents are educated regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, as outlined in the documentation review of this standard.</p> <p>115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats. During the site visit the auditor noticed that all DJJ sexual safety posters delineated in the evidence review above were displayed in the intake area so that youth see these upon arrival. Additionally, the auditor observed the "Break the Silence" poster, "No Means No" poster, Sexual Abuse and Sexual Harassment are Never Okay poster, and "Zero Tolerance How-To-Report" poster place throughout the facility in readily accessible and conspicuous locations. These locations include each housing unit, multi-purpose room, education, facility entry, staff areas, main corridor, administration area, recreation area, and medical. Additionally, handout literature was observed in the library, intake, education, and staff offices. The auditor observed all signage to be colorful and extra-large in size so they can be easily read/accessed by all youth from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. Samples of the signage displayed at the facility is located on the agency's public website at https://djj.georgia.gov/prison-rape-elimination-act-prea. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the facility. Informal conversations with staff and youth verified that signage is visible throughout the facility all the time and not just because of the audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. The facility/ agency exceeds provision (b) by offering the PREA class that includes scenario-based education for youth who are deemed long-term admissions</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.42, Crime Scene Preservation; Policy 22.1, Sworn Law Enforcement; Policy 22.3, Internal Investigations; Policy 23.1, PREA; Policy 3.22, Personnel: Harassment; 3.22 Attachment B, Statewide Sexual Harassment Prevention Policy; GBI Evidence Protocol; GBI 2023-02 Forensic Services Update OPS</p>

Bulletin; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DOJ PREA Auditor Letter - Investigator Training Requirements; List of Designated PREA Investigators; Investigator Training Records; Information Obtained from Interviews.

115.334(a)(b)(c): Policy 23.1 establishes that the Office of Investigations will receive specialized training as required by PREA standards. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution following Policy 22.3, Internal Investigations. All PREA investigators must complete the National Institute of Corrections (NIC) online training PREA: Investigating Sexual Abuse in a Confinement Setting within 60 days after the hire date. The DJJ Office of Investigations has a PREA Investigative Unit to investigate PREA allegations statewide comprised of a team of four investigators and an investigator/supervisor. Interviews with the Chief Investigator and one field investigator and review of training records confirmed that all investigators in the unit have the required specialized investigations training and basic PREA training. The auditor reviewed the transcripts provided for all five investigators to indicate their completion of the NIC investigator's training, Fundamentals of Criminal Investigations, Interviews and Interrogations, Commercial Exploitation of Children, Child Sexual Abuse Prevention, PREA Management Training, Sexual Assault Investigations, Crime Scene Processing, Responding to Sexual Assaults, Victim Assistance Training, Investigation and Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse, Investigations of Crimes Against Children, and Crime Scene Photography. Additionally, Policy 3.22 establishes that the Office of Investigations will investigate harassment allegations involving staff and special investigations training is required. The extensive specialized training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b). Transcripts also confirmed that all investigators are current with their general PREA training.

115.334(d): Policy 22.3 establishes that DJJ Office of Investigations is the investigative authority for PREA related cases involving youth in DJJ custody and under supervision. An interview with the Agency Head, Agency PREA Coordinator and Chief Investigator confirmed that the agency is responsible for conducting administrative and criminal investigations into claims of sexual abuse and does not rely on a separate entity.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded provision (b).

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policy 23.1, PREA; List of Medical Staff; List of Mental Health Staff; Augusta Medical College Contract; NIC PREA Certificates; PREA Training Matrix; Modules 1-6 PREA Training; General Training Certificates; Training Transcripts; Information Obtained from Interviews.

115.335(a)(c)(d): Policy 23.1 establishes that the Office of Medical Health Care Services full, part-time, and all contract staff is required to complete the National Institute of Corrections (NIC) online training PREA: Medical Health Care for Sexual Abuse Victim in a Confinement Setting, and the Office of Behavioral Health Services full, part-time, and all contract staff is required to complete the NIC online training PREA: Behavioral Health Care for Sexual Abuse Victim in a Confinement Setting, within 60 days after hire date. In 2024 the agency added the NIC specialized training to their curriculum, and it is delivered through the online training hub so it can be recorded on the employee/contractor individual transcript. Training records are maintained in the agency's training database. The auditor's review of the established training curriculum found it meets all topic requirements of this standard which includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility provided lists of all medical and mental health staff and contractors (9) who regularly work at the facility and indicated they all have received the required training. A review of training records for these staff confirmed they have completed the training as indicated. Interviews with medical (2) and mental health (3) staff confirmed they were knowledgeable in detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and reporting allegations or suspicions of sexual abuse and sexual harassment. Additionally, they explained their mandated reporter responsibilities and accurately outlined their responsibilities as a first responder. When reviewing training transcripts for medical staff the auditor observed that some had recently completed the specialized training or had the training multiple times even though they were employed longer. During an interview with the statewide Medical Managing Director, the auditor learned that a directive was issued for all contract medical staff to complete the agency's curriculum of specialized training in the HUB system during 2024 to ensure that the training was accurately recorded in their records and to provide refresher training on the specialized topics. Since the standard requires the specialized training only be taken once and medical staff recently took the training as a refresher, the agency has exceeded the minimum requirements of this standard.

115.335 (b): Medical staff employed by the agency do not conduct forensic examinations, therefore, the facility and agency are exempt from this provision.

A systematic review and analysis of the evidence concluded that the facility and

	<p>agency demonstrated compliance with all provisions of this standard and exceeded due to all medical staff taking the medical and mental health specialized training refresher during the 12 months prior to the audit.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 11.1, Medical Intake Screening; Policy 11.2, Nurse health Assessment and Physical Examination; Policy 12.10, Mental Health Screening; Policy 15.6, Access to Mail; Policy 17.1, Admission to a Secure Facility; Policy 17.3, Custody and Housing Assessment; Policy 23.1, PREA; Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI); PREA Accountability Statement; PREA Screening Reports (PSR); Custody and Housing Assessments and Reassessments; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; Documentation of Housing and Programming Decisions; PREA Assessment Screening Report Training Guide (May 2024); Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Corrective Action Plan; Risk Assessment Forms (PSR); SOGIE Forms; Memorandum from the Director; Interviews.</p> <p>115.341(a)(b)(c)(d): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility Director, lieutenant level or higher designee, and PREA Compliance Manager review the PREA screening report to make the final determination of the youth's vulnerability to victimization. When a youth is admitted to a secure facility, the youth is screened for vulnerability to victimization and sexually aggressive behavior before room assignment. The PREA Compliance Manager reviews room assignments made by staff to confirm that considerations were given to a youth's potential for victimization or predatory behavior and that the assignment was made appropriately. Interviews with intake staff confirmed that housing placements are based on the results of the Custody and Housing Report. All youth are afforded a single occupancy room.</p> <p>The facility indicated on the PAQ that 707 youth entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was for 72 hours or more, and all were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Policy 17.3 establishes that a Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the</p>

appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. The agency's risk assessment system was updated in 2024, and a new training guide was issued to all affected staff. Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PSR. Policy 23.1 also establishes that the youth's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or JTS. Information from the screening and other resources is populated into the youth's PSR. The auditor reviewed the PSR form and the User Guide for completing the screening and found the instrument to be objective and to ascertain the required information delineated in this provision, including prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the youth's perception of vulnerability; and any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths.

Prior to the site visit, the auditor was provided a list of 749 youth who were admitted to the facility between March 1, 2024-February 3, 2025, and 96 youth were selected for document review prior to the site visit. Of the 96 PSRs reviewed, 37 were completed outside of the 72-hour requirement (71% compliance rate). As a result, the facility was found out of compliance with provision (a) and entered a 180-day corrective action period to correct this deficiency. To become compliant, the facility was required to demonstrate that risk assessments (PSR) are completed within 72 hours for all youth admitted to the facility and that information collected during risk screening is used to reduce the risk of sexual abuse by or upon a resident.

Corrective Action Taken: The facility provided a corrective action plan to remedy the 115.341 deficiency which included that all PREA Screening Reports will be completed within 72 hours of youth placement. Screening reports will be reviewed specifically to identify youth that have prior victimization and identify as LGBTI. Documentation for prior victimization (SIR and follow up with mental health) and LGBTI (SOGIE forms) will be completed as required. The facility admitted 90 youth whose stay was 72 hours or more between April 25, 2025, and July 12, 2025, and risk assessments were conducted on all. The auditor's review of risk assessment forms found that 88 of 90 were conducted within 72 hours (98% compliance rate). The facility Director and Agency PREA Coordinator advised the auditor that the new

facility Director had just come onboard at the time these two youth were processed, but had not received his IT credentials yet to finalize the PSR. The Regional Administrator assisted with completing these two PSRs and then the facility Director received his credentials shortly after. Since the facility Director obtained credentials, all PSRs have been completed timely. The Custody and Housing Assessments were completed on both youth on their day of arrival. Of the PSRs reviewed for these 90 new admissions, 9 provided an affirmative response to the question about LGBTI identification and a SOGIE form, and Transgender Preference form when applicable, was completed for each youth. Additionally, 28 scored as high risk for victimization and 2 scored as high risk for perpetrating sexual abuse. An interview with the facility Director confirmed that he and classification committee members utilized information obtained residents' personal histories and behaviors to reduce the risk of sexual abuse and sexual harassment incidents in the facility. The facility has satisfactorily implemented the facility's corrective action plan and the auditor concluded that the facility has demonstrated substantial compliance with this standard.

An interview with the Regional Administrator and review of the PSR training guide found that information for the risk assessment is collected from court documents, historical information from prior incarcerations, medical assessments, mental health assessments, and intake interview. Once all the information is entered the PREA Compliance Manager reviews the information and finalizes the PSR. In the absence of the PREA Compliance Manager, the two Regional Administrators have been conducting these reviews. Interviews with the intake officer, medical staff, and mental health staff confirmed that residents are screened upon admission to the facility or transferred from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Interviews with 16 residents verified that they were asked questions like whether they have ever been sexually abused in the past, 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 this facility during intake. All youth told the auditor that these interviews were conducted privately without anyone else able to hear their responses. During interviews with the intake officer, two medical staff, and two mental health staff who conduct a portion of the risk screening they all explained that the PSR collects data from three different levels. Collectively all questions from the risk screening instrument are asked, and/or researched by the designated staff based on their area of assignment, then the collective information is computed and pulls information from the Custody and Housing Assessment to determine a youth's risk level. The auditor observed documented comments entered into the PSR indicating a review of the information and evaluation of the data collection results. This final review is conducted by the PREA Compliance Manager.

Interviews with the intake officer, medical staff, and mental health staff confirmed that residents are screened upon admission to the facility or transferred from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. These interviews further confirmed that if a youth arrives at the facility when no medical staff are onsite, trained security staff will conduct that

portion of the assessment and then medical will follow up with the youth the next day. During the site visit, the auditor observed a simulated risk screening performed by the intake officer and a nurse. The auditor observed the area of the facility where the screening process occurs and verified that it is in a setting that ensures as much privacy as possible. All youth are assessed upon arrival, even if they have been at the facility prior or if they are transferring in from another DJJ facility. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. The auditor reviewed 29 Custody and Housing Assessments confirming reassessments are conducted periodically, throughout the residents' assignment to the facility as required by (a)-4. Policies 21.1 and 17.3 require that the resident's risk level be reassessed periodically throughout their confinement.

115.341(e): Policy 23.1 establishes that the facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the facility's PREA Compliance Manager. The dissemination of information ensures that sensitive information is not exploited to the residents' detriment by staff or another resident. User access is highly controlled and unauthorized attempts to access the information in the PSR by someone other than an authorized PREA officer will result in a message display of "User does not have permission to access PREA Screening Report".

A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 8.1, Security Management; Policy 15.11, Request for Services; Policy 17.3, Custody and Housing Assessment; Policy 18.4, Work Activities for Youth; Policy 23.1, PREA; Policy 23.3, LGBTI; PREA Screening Reports (PSR); Custody and Housing Assessments; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; 23.3 Attachment A, Transgender/ Intersex Declaration; Case Files; PREA Screening Report Training Guide, May 2024; Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Corrective Action Plan; Risk Assessments (PSR); SOGIE Forms; Memorandum from Director; Interviews.</p> <p>115.342(a)(c)(d)(e)(f): Policy 23.1 establishes that the PREA Compliance Manager will disseminate the PREA Screening Report (PSR) results to the facility management</p>

team on a need-to-know basis. The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy 17.3 establishes that a Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. The auditor reviewed 44 PSRs and 137 Custody and Housing Assessments for youth randomly selected by the auditor confirming, based on this sample, that the facility conducts the initial assessment and reassessment at least every 90 days. An interview with the Intake clerk, Regional Administrator, and treatment team members confirmed implementation of a system that ensures that staff members working directly with the youth are advised of the status of at-risk youth or youth posing a risk to others. The facility treatment team members continually review the youth's adjustment within the facility. All information obtained during these reviews is used to make housing, bed, program, and work assignments to keep all youth safe from sexual abuse. The specific information collected is not shared with line staff, only the youth's risk as it relates to management and security decisions. Interviews with programming and security staff confirmed that staff work closely together to communicate and share necessary information that can impact the safety of residents and staff at the facility. The PSR pulls information from a variety of sources and interfaces with information entered into the Custody & Housing Assessment (explained in 115.341). The PSR calculates risk potential including 1) vulnerability, 2) sexual abusiveness behavior, 3) violent/aggressive behavior. As the youth's Custody & Housing Assessment is conducted, based on additional information or every 90 days, the risk level can change based on any additional information presented and the youth's institutional behavior. The auditor reviewed notes from the youth interviews, the current housing roster, initial screening forms (PSR), Custody & Housing Assessment reports and information collected from conversations with staff. Based on analysis of this data, the auditor verified that youth housing and programming decisions use the information from these assessments. All rooms are single occupancy throughout the facility and doors are secured. In cases where youth cannot be separated by unit, youth who are vulnerable to sexual abuse based on the PSR are placed near the officer's station. In cases where a youth is potentially vulnerable, but also potentially sexually aggressive, that youth is housed near the officer's station. Residents attend programming, education, and recreation with their unit; therefore, daily movement does not allow for the housing units to mix. On special occasions the facility may have a full facility activity at which time additional staff are present to provide more supervision during the activity; otherwise, youth are kept separated by housing units.

Policy 23.1 establishes that each youth in a secure facility will be housed based on their custody and housing assessment. Custody and housing assignments are not

based solely on the youth's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The facility makes individualized determinations about how to ensure the safety of each youth. LGBTI youth are not placed in designated, bed, or other assignments solely based on such identification or status, nor does the facility consider LGBTI identification or status as increasing the risk of being sexually abusive. Policy 23.1 also establishes that when assigning a transgender or intersex youth to a male or female facility, staff considers on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Such placements and programming assignments are reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration is given to the individual concerning their safety. Policy 23.3 requires that if a youth identifies as a LGBTI youth, the SOGIE Assessment (23.3 Attachment B) will be completed within 2 hours to assist with a custody and housing assessment. Additionally, the policy requires when a transgender or intersex youth has been identified, the youth will complete the Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) which will be used to guide housing decisions along with other management decisions. Policy 23.3 further establishes that placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on the safety and well-being of the youth, by the PREA Compliance Manager and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS. Since policy requires that transgender or intersex youth be reassessed at least every 30 days, the agency exceeds provision (e), which requires the reassessment to occur at least twice yearly. Additionally, Custody and Housing Assessments are conducted on all residents at least every 90 days, which would provide four assessments per year instead of the two required. The facility does not have dedicated housing based on a resident's sexual orientation based on review of the agency's policy, housing roster, and interviews with the Regional Administrator and PREA Coordinator.

Interviews with the Agency PREA Coordinator, Agency Classification Director, Regional Administrator, JDCs, and medical and mental health staff confirmed that each youth is assessed individually and given a treatment plan that considers all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. An interview with the Intake Officer verified that if, during intake screening, a youth identifies as transgender or intersex, she would notify the PREA Compliance Manager and Shift Lieutenant immediately for guidance on appropriate initial housing for the youth. Interviews with a Lieutenant confirmed that the Regional Administrator would also be notified, and medical and mental health staff would be consulted. There were no youth at the facility during the site visit who identified as transgender or intersex.

The facility reported that there were no youth admitted to the facility within the past 12 months who identified as transgender or intersex. The auditor interviewed four residents during the site visit who answered yes to the question of identifying with being LGBTI on the risk screening instrument. During interviews with these residents one resident disclosed being transgender, but the facility was unaware. The SOGIE Assessment (23.3 Attachment B) and Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) was not completed for this youth. The facility had the forms completed after it was brought to the attention of the Regional Administrator. The facility was found out of compliance with provisions (a)(d) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to demonstrate that each PSR is reviewed, considering the information obtained during the risk screening when completing the PSR, and utilize this information to inform housing, bed, program, education, and work assignments for residents. Additionally, the facility must demonstrate that the intake staff (or designated staff if disclosed at a time other than intake) complete the appropriate documentation, SOGIE Assessment (23.3 Attachment B) and Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) when a youth expresses LGBTI identification.

Corrective Action Taken: The facility provided a corrective action plan to remedy this deficiency which included that designated staff must review the information obtained during the risk screening, ensure that the appropriate documentation, SOGIE Assessment (23.3 Attachment B) and Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) is completed when a youth expresses identification as LGBTI to inform housing, bed, program, education, and work assignments for residents. Screening reports will be reviewed specifically to identify youth that have prior victimization and identify as LGBTI. The facility Director and Regional Administrator will ensure that the PSRs are reviewed, and proper documentation is completed. The facility admitted 90 youth whose stay was 72 hours or more between April 25, 2025, and July 12, 2025, and risk assessments were conducted on all. The auditor's review of risk assessment forms found that all 90 were conducted within 72 hours. Of these, 9 provided an affirmative response to the question about LGBTI identification and a SOGIE form was completed for each youth. Additionally, 28 scored as high risk for victimization and 2 scored as high risk for perpetrating sexual abuse. An interview with the facility Director confirmed information obtained from the PREA screening is used to make individualized housing, bed, program, and education assignments that promote the safety of all youth. These decisions are made through a multidisciplinary process in which Security, Medical, Mental Health, and Case Management staff meet to discuss youth who may need additional services. Screening results help identify youth who may be vulnerable to sexual victimization or who may present a risk of sexual aggression. Youth identified as vulnerable are typically housed in a designated unit, which generally houses less aggressive youth, and are separated from those with a history or risk of predatory behavior. Youth identified as potential aggressors are housed in a manner that minimizes contact with vulnerable youth. All housing decisions are made on a case-by-case basis, reviewed regularly, and adjusted as necessary to ensure the ongoing safety and security of the facility in compliance with PREA

standards. Information regarding a youth's Sexual Orientation, Gender Identity, and Gender Expression (SOGIE), as outlined in DJJ Policy 23.3 (Attachment B), is gathered during the PREA screening process in a private and respectful manner by trained staff. This information is used solely to ensure the youth's safety and to make individualized housing, bed, program, and supervision decisions in accordance with PREA standards. Housing assignments are never made based solely on SOGIE; rather, they are determined on a case-by-case basis, considering the youth's safety, security needs, and personal preferences when appropriate. All SOGIE information is treated as confidential and shared only with staff who have a legitimate need to know to support the youth's well-being and protection. As part of the PREA screening process, and in compliance with DJJ Policy 23.3 (Attachment A), youth who identify as transgender or intersex are provided the opportunity to declare their housing and program preferences. This declaration is made voluntarily and is used to help determine individualized housing, bed, program, education, and work assignments that ensure the youth's safety and well-being. Decisions are made on a case-by-case basis, giving serious consideration to the youth's preferences while also taking into account the facility's safety, security, and operational needs. The youth's declaration will be kept confidential and shared only with staff who have a legitimate need to know for safety and housing purposes. The facility has satisfactorily implemented the corrective action plan and demonstrated the processes are institutionalized.

115.342(b)(h)(i): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility shall clearly document the basis for the facility's concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility indicated on the PAQ and during interviews that no residents at risk of sexual victimization were placed in isolation. As there were no youth placed in isolation for sexual safety purposes, no documentation was available for review. During interviews with the Regional Administrator, medical and mental health staff, JDCs, security line staff and the auditor learned that that no youth has been placed in isolation for being at risk for sexual victimization, nor would this be considered a normal practice; however if there were no other means of keeping the youth safe, they would not be denied any services during isolation status, but if exigent circumstances existed where services were unable to be provided, they would be appropriately documented. Interviews with medical and mental health staff confirmed that they make rounds at least once daily, if not more frequently, for any youth in isolation status, regardless of the reason. Additionally, the auditor's review of case files verified that no alleged victim was placed in isolation/segregation status based on reporting an allegation of sexual abuse.

115.342(g): Policy 23.3 establishes that staff will provide transgender youth with safety and privacy when using the shower and bathroom and when dressing and undressing. Transgender or intersex youth will not shower or undress in front of

	<p>other youth. Interviews with 12 random staff informed the auditor that all youth are allowed private showering. The Regional Administrator also explained that if a transgender youth requested to shower away from other youth that arrangements could be made for the youth to shower in intake. Interviews with 16 residents confirmed that the shower doors are secured when in use and residents have privacy while showering.</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard,</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 15.2, Grievance Process; Policy 15.3, Youth Access to Courts and Counsel; Policy 15.4, Viewing, Listening, and Reading Materials; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; Policy 15.7, Access to Telephone; Policy 15.9, Ombudsman; Policy 17.1, Admission and Release; Policy 23.1, PREA; 17.1 Attachment A, Notification of Foreign National in Detention; Consular and Trade Offices Contact Information/ Manual; Consular and Trade Offices Contact Poster published by Georgia State Government; Metro RYDC Ombudsman Calls; Tip Line Calls; 8.5 Attachment C, Youth Statement for Record; 15.2 Attachment A, Grievance Form; Reporting Sexual Abuse or Contacting Advocacy Services Outside the Facility (Emotional Support Flyer); Tip Submission Form from DJJ Website; 115.351 Statement Civil Immigration; PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.351(a)(b): The DJJ provides multiple internal ways for youth to report sexual abuse, sexual harassment, retaliation by other youth or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is easily understood, private, and secure. Youth assigned to a secure facility may report sexual abuse or seek relief against retaliation by completing a Help Request Form; using the grievance process; telling a counselor, community case manager, medical or mental health staff, Director or Assistant Director, Parent/Guardian, Chaplain or Minister, facility PREA Compliance Manager, or any trusted adult; writing to the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978. The auditor observed postings throughout the facility, in common areas, and in each housing unit, which included these various reporting methods. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. DJJ provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency. calling the external toll-free number to the</p>

National Sexual Abuse Hotline 1-800-656-HOPE (4673) or selecting the speed dial #2 from the housing unit phone for an anonymous call; the Department of Family and Children Services Hotline at 855-422-4453; Crisis intervention/Advocacy Support Services (by mail); Children's Healthcare of Atlanta at 404-785-3820. Policy 23.1 establishes that the facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes and enable reasonable communication between youth and the organizations as confidential as possible. The facility keeps a copy of the United States Department of State Consular Notification and Access book as part of its civil immigration resources. This book was provided to the auditor for review, along with contact information. The agency does not detain youth solely for civil immigration purposes and the facility Director provided a statement that there were no residents detained solely for civil immigration purposes during the 12 months preceding the audit. The auditor confirmed that this information is accessible to non-citizen youth at the facility. The facility also has a pamphlet with the toll-free number for the U.S. Immigration and Customs Enforcement (ICE) and would utilize 17.1 Attachment A, Notification of Foreign National in Detention should they admit a non-citizen youth. Written correspondence is also an acceptable avenue for residents to report sexual abuse and harassment outside the facility and agency. The facility ensures that youth's correspondence addressed to the designated external reporting entity remains unopened.

The facility provided an email from the Ombudsman's Office stating there were 27 complaints filed by a resident during the 12 months preceding the audit and one was PREA related. The facility provided an email from the Victim Services Office stating there were six PREA calls reported to their office during the 12 months preceding the audit. During the site visit the auditor observed signage posted that provides the direct phone number and mailing address for the Children's Healthcare of Atlanta, Stephanie V. Blank Center and direct phone number for the DJJ Ombudsman Office and Victim Services Office to report a PREA allegation; however, the youth must enter their assigned PIN to place the free call. The youth are provided with a speed dial system that enables them to make unmonitored calls to the Ombudsman and Victim Services offices. They have the option to remain anonymous if they choose. These voice prompts are accessible through the housing unit phone. Dialing instructions are posted near the phone banks in each dayroom/housing unit. The instructions are simple and easy to follow. The auditor placed a test call to the speed-dial #3 for Victim Services and a call to the Ombudsman (#4) and spoke with representatives who explained that if a report is received in this manner from a youth that they would take as much information as the caller wanted to provide, allowing them to remain anonymous if requested, then forward a copy of the complaint to the facility Director, PREA Coordinator, and the Office of Investigations, PREA Unit. The Ombudsman's Office provided an email confirming the successful test call. The auditor called speed-dial #2 and reached the National Sexual Assault Hotline and found that they will provide confidential 24/7 support and will report sexual abuse on behalf of the victim with their consent. During interviews with 16 residents the auditor found they were all aware of how to use the

speed dial system to make a PREA report. They were knowledgeable that they could tell any "trusted adult", an officer, make a report in writing, file a grievance, write to the facility Director or any other staff, or through a medical sick call request. They also knew they could make a report for someone else or someone else could make a report for them. The auditor's interviews with 12 random staff found that they are aware of the various methods that youth can make a private report of sexual abuse/sexual harassment and were aware that they were to accept a verbal, written, anonymous, or a third-party report. The facility Director explained that 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 to any staff, to the PREA Hotline, Ombudsman, or Victim Services. The auditor observed during the site visit locked boxes labeled for the Grievances, Mail, and Help Requests in the main corridor and housing units.

115.351(c)(d): Policy 23.1 establishes that all Facilities/Programs/Offices shall comply with DJJ 8.5, Special Incident Reporting when reporting sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports, occurring on DJJ or DJJ-contracted property. Policy 8.5 states that all staff, volunteers, interns, and contractors having first knowledge of an incident or receiving a report of an alleged incident will report immediately as outlined in the specific protocols and follow up with a written report (SIR). The staff member filing the SIR will verbally report the incident to their immediate supervisor. The staff member shall document the supervisor's name on the SIR as confirmation of notification regarding the incident. The staff supervisor will provide a verbal report to the facility Director or designee as soon as possible when the incident includes a situation alleging any PREA-related incident, including allegations of sexual harassment and retaliation. Random staff (12) interviews confirmed that they would accept reports made verbally, in writing, anonymously, and from third parties and that they will promptly document any report with an SIR. The auditor's review of Policy 15.4 and interviews with 12 staff and 16 youth, and personal observations of property in youth rooms during the site visit confirmed that youth can possess writing utensils and have access to paper, envelopes, and postage. There was one resident at the facility who had reported sexual abuse at the facility during the 12 months preceding the audit who was interviewed by the auditor.

115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online, the Intelligent Tip Line Form, or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may also be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. These procedures are communicated to staff through policy and training. Interviews with 12 random staff confirmed they are aware they may go outside of their chain of command should they feel it is necessary to privately report sexual abuse and sexual harassment of youth by reporting to the Tip Line or going directly to the Office of Investigations PREA Unit Chief. The Tip Line received 15 complaints and none were PREA related.

	A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 15.2, Grievance Process; Policy 23.1, PREA; Grievance Log; Student Handbook English and Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Residents can submit a grievance about sexual abuse or harassment at any time, regardless of when the incident happened. Grievance forms may be placed in locked boxes located on each housing unit marked "Grievances". The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith. Policy 15.2 Grievance Process indicates a directive clarifying that any grievance that involves PREA shall follow the procedures in Policy 23.1, Prison Rape Elimination Act, rather than the procedures of Policy 15.2, Grievance Process. Based on the FAQ published July 19, 2022, an interview with the PREA Coordinator, and language in the agency's grievance policy, the agency does not have an administrative procedure to deal with resident grievances regarding sexual abuse, therefore, is exempt from 115.352. Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of retrieval, and assigned for investigation following agency PREA investigative protocols. The auditor observed the designated boxes and forms that were available to residents at any time. Additionally, the agency has recently implemented a telephone system for use by residents to file a grievance which goes directly to the Ombudsman's office. An interview with the Grievance Officer confirmed that no allegations had been received on a grievance form and that if one was received, it would immediately be reported to the PREA Compliance Manager and the facility Director for investigation. During interviews with the Regional Administrators and grievance coordinator, the auditor confirmed that any allegation reported using a grievance form would be immediately referred to the Office of Investigations according to the established PREA investigative protocols. A review of the facility's Grievance Log found 129 complaints filed between March 1, 2024, through March 11, 2025, and those alleging sexual abuse or sexual harassment were referred to the Office of Investigations PREA Unit for review and investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency are compliant with this standard through exemption.</p>

115.353	Resident access to outside confidential support services and legal representation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: Policy 15.11, Request for Services; Policy 15.3, Youth Access to Courts and Counsel; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; Policy 15.7, Access to Telephone; Policy 15.9, Rights of Youth Ombudsman; Policy 23.1, PREA; Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information; CSEC Response Pamphlet and First Responder Guide; Consular and Trade Offices Contact Information/Manual; CSEC Response Contact Sheet and Comprehensive Assessment Handout; Youth Consent to Disclose Protected and Confidential PREA Information; Emotional Support Flyer/Poster; Memo: Children's Healthcare of Atlanta, Stephanie V. Blank Center; Office of Victim Services Brochure; Student Handbook (English & Spanish); Onsite Corrective Action; Self-initiated CAP; Observations During Site Visit; Information Obtained from Interviews.

115.353(a)(b): Policy 23.1 establishes the facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, and for youth detained solely for civil immigration purposes, immigrant services agencies. During orientation, staff inform youth about the monitoring of their communications. The facility allows reasonable communication between the youth and these organizations in as confidential a manner as possible. Upon arrival at each DJJ facility, youth are advised that while in DJJ facilities, they are under constant supervision by staff and other electronic equipment. DJJ informs youth at intake that by law, they must report any abuse allegations, regardless of whether the incident occurred in a DJJ facility or before. The facility presented signed DJJ Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information for 38 youth admitted during the 12 months prior to the audit and selected by the auditor for review. The facility reported no youth have requested outside victim advocacy. There was one youth at the facility during the site visit who reported sexual abuse to interview who confirmed staff advised of the outside advocate being available, but the youth declined.

Interviews with 16 youth confirmed that they are aware their communications are monitored by the facility through cameras and staff presence; furthermore, they know that telephone calls made from the housing unit phones may be monitored and recorded. The auditor asked the intake staff to explain how the youth are told about limitations of confidentiality regarding disclosure of information collected during the PREA screening and was told that during intake, Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information form is covered with each youth admitted to the facility. They explained that this form explains to the youth that DJJ is required by law to report all claims of abuse, including sexual abuse and sexual assault, whether or not the alleged incident occurred on DJJ property or while they were in DJJ custody; that DJJ staff are mandated reporters and are required by law to report; any alleged incident must be reported to the Department of Facility and Children Services (DFCS). Once this is

discussed by staff members with each youth, they are required to sign and date the form. During the site inspection the auditor observed contact information for advocacy resources available to youth.

During an interview with the Agency PREA Coordinator the auditor was informed that the DJJ partners with Children's Healthcare of Atlanta (CHOA), Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. This center is covered by EMTALA. As a partnering entity with EMTALA, DJJ does not need an MOU to benefit from these services. The agency publishes and distributes an Emotional Support Flyer (Break the Silence! Posters) to all facilities for posting. This flyer provides the telephone number and mailing address for CHOA-Stephanie V. Blank Center for Safe and Healthy Children for access by youth. The Stephanie V. Blank Center is listed as the outside victim advocate for emotional support on these posters, which includes the direct phone number and address of the center. The auditor observed this flyer posted in each housing unit, the multi-purpose room, corridors, staff areas, recreation area, and education. Youth can easily read and access this flyer. The signage language is clear, easy to understand, and at an appropriate reading level for the youth housed at Metro RYDC. Signage is available in English and Spanish, with translation options for other languages upon request. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled. The signage information is clear, unobstructed by graffiti, and undamaged. The auditor verified that the information on the signage is accurate and consistent throughout the facility. Speed dial instructions for contacting external advocates (RAINN) are posted next to telephones and on PREA posters in each housing unit, multi-purpose room, corridor, staff area, recreation area, and education section. Additionally, these instructions are communicated via a recorded message when the caller picks up the phone handset before dialing. These dialing instructions are provided in both English and Spanish. The facility provides the mailing address and phone number of U.S. Immigration & Customs Enforcement, 500 12th Street SW, Washington, D.C. 20536, 404-346-2300 for non-citizen youth access and information from the Consular and Trade Offices Contact list published by Georgia. The agency does not detain youth solely for civil immigration processing.

The local community service provider that would provide advocacy and counseling services to youth who are victims of sexual abuse, offer consultation on issues or situations where the expertise of CAC would benefit the youth is CHOA/Stephanie V. Blank Center. Both the Regional Administrators confirmed that youth victims may receive services from this Center. Youth victims can contact these services directly by phone or mail, contact the Victim Services Office who can connect them, or speak with their JDC or mental health counselor to obtain assistance with making contact. Youth may contact RAINN using the phones and dialing speed dial #2 where they can reach an emotional support counselor.

Interviews with 16 residents confirmed that they were aware that outside services are available and free but were not completely clear about the type of service

provided. Each youth interviewed understood that reporting abuse or harassment is mandatory, regardless of who they told. They also explained they knew they could talk or write with anyone, inside or outside the facility and that they could receive mental health counseling. The auditor tested the RAINN speed dial from a random housing unit and connected with a counselor. Additionally, the auditor placed a test call to the prompt for Victim Services and spoke with a representative who explained the resources they could connect a resident with for victim advocate services. The auditor noted that writing utensils, envelopes, and paper were accessible to the youth. This observation was confirmed through a review of relevant policies and interviews with both youth and staff members. Residents can place mail in locked boxes on each unit. Mail is collected from these boxes Monday through Friday. Residents place mail in locked boxes, which are collected Monday through Friday.

115.353(c): DJJ partners with Georgia's Commercial Sexual Exploitation of Children (CSEC) for advocacy services. As the CSEC Response provider for the state of Georgia, the CSEC Response Team, a program of the Children's Advocacy Centers of Georgia, provides direct services for victims in the form of advocacy services, assessment, intensive case management services, and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. CHOA/Stephanie V. Blank Center is a participating member in this agreement.

115.353(d): The facility provides youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in Policy 15.3, Youth Access to Courts and Counsel; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; and Policy 15.7, Access to Telephone. According to the facility Director, attorney visits and calls are not monitored, and residents can meet with their legal representatives at reasonable times through scheduled appointments. The facility has a private interview room that is used for this purpose. Interviews with 16 residents verified that they are allowed to meet in person or talk with legal representatives without being monitored. All youth explained that they can talk or visit with family members/friends and their Probation Officer from outside without restriction. They understand that visits and phone conversations made from the housing unit phones are recorded and monitored.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 15.3, Youth Access

to Courts and Counsel; Policy 15.4, Viewing, Listening, and Reading Material; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; Policy 15.7, Access to Telephone; Policy 15.9, Ombudsman; Policy 17.1, Admission and Release; Policy 23.1, PREA; 17.1 Attachment A, Notification of Foreign National in Detention; Ombudsman/TIP Line Call Report; Consular and Trade Offices Contact Information/Manual; Youth Poster No Means No; See Something Say Something Pamphlet; Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.

115.354(a): Policy 23.1 establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligent Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. In addition, this information is included on signage at the facility's main entrance and in visiting areas, as well as on the agency's public website. The TIP-Line was set up to provide another channel for reporting sexual abuse, sexual harassment, staff misconduct and policy violations. Information shared on the DJJ TIP Line can include victims' names and identify their alleged assailants, so the TIP Line can result in arrests and prosecutions. If staff or public partners have something important to report and they want to keep it anonymous, they can complete the email form on the TIP Line site. The auditor placed a test call from outside the facility and left a message, sent an email directly to the ombudsman's office, and completed the TIP form online. The auditor received confirmation that these tests were received, and had it been an actual report, Office of Investigations Chief Investigator would have been notified. There were 15 Tip Line calls, and none were related to PREA. A report provided by the Ombudsman's Office confirms there were no third-party reports received on behalf of a youth regarding sexual abuse during the 12 months preceding the audit. During the site visit, the auditor actively observed posted and printed signage throughout the facility, which was easily readable and accessible by youth, easy to understand, and at an appropriate reading level for juveniles. Signage is posted in English and Spanish, which is the most common second language spoken in Georgia. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The information provided by the signage unobscured, unreadable by graffiti, or missing due to damage. The information on the signage is accurate. Third-party reporting information was posted at the entrance lobby of the facility and in the multi-purpose room where youth have visits with authorized family members and friends, and in the private interview rooms used for visits by legal representatives. Additionally, the DJJ website has an Online TIP Reporting Form on its public website and an application for language translations. One allegation was reported by a third party reporter directly to the Office of Investigations.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 8.9, Child Abuse Reporting; Policy 23.1, PREA; 8.5 Attachment B, Staff Statement for Record; 8.5 Attachment J, Chain of Command Notification Form; 115.361 Attachment, 23.1 Attachment F, Case Files; Consent to Disclose Protected & Confidential PREA Related Information; 2024 DHS Mandated Reporter Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a): The facility requires all staff to report immediately, following Policies 8.5 and 8.9, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Investigations Unit Field Supervisor. Interviews with 12 random staff and review of training material confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. There were 20 allegations reported by the facility during the 12 months preceding the audit and all were forwarded for investigation.</p> <p>115.361(b)(d)(e): Policy 8.9 establishes that the DJJ shall utilize a standardized process for reporting and responding to child abuse allegations. All suspicions of child abuse, child neglect, youth-on-youth sexual penetration, youth-on-youth sexual contact, penetration by staff/contractor/volunteer/intern, and staff/contractor/volunteer/intern sexual contact involving any DJJ youth shall be reported immediately in compliance with Georgia law. Any sexual contact between staff and youth, regardless of whether it is consensual, is prohibited and is subject to administrative sanctions and criminal prosecution. Policy 23.1 establishes that upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and the alleged victim's parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under guardianship of the Child Welfare System, the report shall be made to the alleged victim's 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 the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors. When completing the required SIR, staff must complete the JPPS/Court notified and Parent/Guardian notified sections.</p>

Reportable incidents are made to the Georgia Department of Family and Children Services (DFCS), and according to Policy 8.9, must be made within 24 hours using the Georgia Child Protective Services Mandated Report Form. The auditor's review of 20 case files and documentation of resident reports of prior sexual victimization during the intake process confirmed that the appropriate notification was made according to the state's mandatory reporting laws where applicable. Interviews with 12 random staff confirmed staff received training on the agency's zero-tolerance policy on sexual abuse and sexual harassment how to fulfill responsibilities regarding sexual abuse and sexual harassment reporting and response and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. Interviews also verified that they understand they are mandated reporters and are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Interviews with the Regional Administrators learned that when the facility receives an allegation of sexual abuse or sexual harassment, regardless of the method received (including third-party and anonymous) the facility Director (or the designated ADO) will notify the Regional Administrator and the Office of Investigations immediately. Notifications will also be made to the parent/guardian, unless the youth is under the guardianship of the State or Juvenile Court and notification would be made to the youth's respective DFCS caseworker or the youth's attorney, as applicable. In addition, policy 8.5, Attachment J provides a specific Chain of Command Notification list and protocol for incidents to ensure the parties who need to be made aware of an incident are notified.

115.361(c): Policy 23.1 establishes that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions, and all staff interviewed were knowledgeable of this requirement. Notification protocols are addressed in Policy 8.5, Attachment J which outlines the specific Chain of Command Notification list and protocol for incidents to ensure the parties who need to be made aware of an incident are notified. Interviews with 12 random staff found they have been trained on the prohibition to share information related to a sexual abuse report to anyone other than those who have a need to know. Staff understood there would be disciplinary consequences if they violate this policy.

115.361(d): Policies 8.90, 8.5, and 23.1 are applicable to medical and mental health staff who are also mandated reporters. The medical and mental health staff interviewed indicated that they disclose the limitations of confidentiality and their duty to report during intake and at the initiation of services to a resident. The Consent to Disclose Protected & Confidential PREA Related Information is covered with each resident upon admission during intake, which is then signed and maintained in the resident's file. Additionally, medical personnel cover and have signed a consent for treatment form which is maintained in the resident's medical records.

115.361(f): All allegations of sexual abuse on DJJ property, in DJJ custody, or a residential program contracted by DJJ, including third-party and anonymous reports,

	<p>must be reported to, and will be administratively and criminally investigated by the DJJ Office of Investigations. An interview with the Regional Administrator confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.7, Protective Custody; Policy 8.9, Child Abuse Reporting; Policy 23.1, PREA; Policy 23.2, Sexual Assault; 8.7 Attachment B, Confinement Checks Form; Metro RYDC Custody and Housing Plan; Custody & Housing Reports (115.341/342); Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Policy 8.7 establishes that the DJJ ensures that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that youth who make such notifications are protected by utilizing the least restrictive alternative and that the situation is addressed as soon as possible. The facility provided the approved Custody and Housing Plan, which outlines the stratification plan for safely housing youth. The facility reported on the PAQ that there were no instances where it was determined a resident was subject to a substantial risk of imminent sexual abuse. Interviews with the Regional Administrators, medical and mental health staff, and security supervisors further confirmed there were no incidents in the 12 months preceding the audit where it was determined a resident was at substantial risk of imminent sexual abuse. They also explained that should they learn that a resident is subject to a substantial risk of imminent sexual abuse, they would immediately take the resident to a safe location or secure the resident in his room for monitoring until the threat could be assessed and resolved in the most appropriate means. The auditor observed that each youth is afforded a single occupancy secure room. An interview with the Agency Head found that when a resident is subject to risk of imminent sexual abuse, the facility is trained to respond immediately, with no delay, and to make an initial assessment which includes speaking with the youth. This assessment will determine if a change in housing, facility, treatment, or services provided is needed. In the interim, the PREA Compliance Manager will monitor the situation. The initial assessment, which includes speaking with the youth, will determine if there should be changes in housing, treatment, and services, or if a move to another facility is appropriate. The Regional Administrator explained that a notification of imminent threat will immediately be made to the Regional Administrator by the facility</p>

	<p>Director with a request for transfer to another facility if the youth cannot be housed safely at Metro RYDC. The youth will be removed from the threat immediately and remain with staff if deemed necessary. Mental health and medical will be notified, and the shift will be briefed on the situation. The 12 random staff interviewed explained that they would separate the youth from the danger and secure them in either their room or in a staff area under direct staff supervision awaiting further direction from the facility Director. Staff are trained to respond to reports of substantial risk of imminent sexual abuse immediately. The auditor's review of 20 case files confirmed that residents were separated from any immediate danger upon staff being made aware of the alleged incident.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.363 Reporting to other confinement facilities	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1, PREA; Case Files; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that received the allegation will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigations. The facility will document that it has provided the required notification. The facility indicated on the PAQ that they had not received an allegation that a youth was abused while confined at another facility, which was also corroborated during the auditor's interviews with the Regional Administrator, Agency PREA Coordinator, and the PREA Unit Chief Investigator and review of 20 case files.</p> <p>115.363(d): The agency policy requires that allegations received from other agencies or facilities are investigated following the PREA standards. The Office of Investigations received notification from another facility/office that a resident was sexually abused while confined at Metro RYDC. An investigator was assigned who concluded that this incident had already been investigated prior and this allegation was unfounded. Interviews with the Agency Head, PREA Coordinator, and Regional Administrator confirmed that allegations received from another facility would be forwarded to the Office of Investigations PREA Unit Chief where they would be investigated, regardless of where it was alleged to have occurred or where the allegations were reported.</p> <p>A systematic review and analysis of the evidence concluded that the facility and</p>

agency have demonstrated compliance with all provisions of this standard.

115.364 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: Policy 23.1, PREA; Policy 23.2, Sexual Assault; 23.1 Attachment M, Sexual Abuse Coordinated Team Response; 23.2 Attachment A, Facility Coordinated Response to Sexual Abuse Incident; Metro RYDC Coordinated Response Plan; Case Files; Staff First Responder Cards; Observations During Site Visit; Information Obtained from Interviews.

115.364 (a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. The first direct care staff member to respond to the allegation will take immediate action to protect and ensure the victim is safe and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; request that the alleged victim, and ensure that the abuser, does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating if the abuse occurred within a period that still allows for the collection of physical evidence; and, if the first staff responder is a non-direct care staff member, ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff. The auditor's review of 23.2 Attachment A found concise instructions for the facility staff to follow for an incident of sexual assault identifying the responsible staff and the task required. Interviews with 12 random staff confirmed they were knowledgeable about their responsibilities as first responders for a sexual abuse incident and stated they would separate the victim and perpetrator, preserve any evidence, preserve and protect any crime scene (including evidence on the person), 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, ensure that the alleged abuser does not take any actions that could destroy physical evidence, and take the alleged victim to medical for an assessment. Non-security staff explained all the same steps and stated they would contact a security staff member. There were 20 allegations reported during the 12 months preceding the audit and the auditor confirmed that staff actions were appropriate in each case.

A systematic review and analysis of the evidence concluded that the facility and

	agency have demonstrated compliance with all provisions of this standard.
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Evidence Reviewed: Policy 23.1, PREA; Policy 23.2, Sexual Assault; 23.1 Attachment M Template; 115.365 2024-2025 CACGA Community Roster; Case Files; 115.365 PREA Accountability Statement; Metro RYDC Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.365(a): Policy 23.1 establishes that the facility will follow the Sexual Abuse Coordinated Team Response (23.1, Attachment M) in responding to all sexual abuse incidents. This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The auditor reviewed the most recent signed Sexual Abuse Coordinated Team Response form and found it was reviewed and acknowledged by 11 individual members of the team on December 2, 2024. During interviews with the Regional Administrator, medical staff, mental health staff, and investigators, the auditor verified they were knowledgeable about the coordinated response plan and that they are active participants in responding to sexual abuse incidents and in conducting reviews after the investigation concludes. They all explained to the auditor how they would work together to ensure an immediate and cohesive response to incidents of sexual abuse at the facility. The facility had one allegation reported during the audit period, and it did not require a full SART activation; however, facility staff used a coordinated response to the incident as was appropriate to the circumstances of the situation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>Evidence Reviewed: Policy 23.1; 115.366 Director's Statement; Information Obtained from Interviews.</p> <p>115.366(a): Policy 23.1 establishes that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Based on interviews with the Agency Head and the PREA Coordinator, the auditor further confirmed that DJJ is not involved in collective bargaining.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment L, PREA Retaliation Monitoring Sheet; Incident Reports and Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Corrective Action Plan; Retaliation Monitoring Forms; Memorandum from Agency PREA Coordinator; Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Policy 23.1 establishes that facility Directors, PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident makes a claim of sexual abuse or sexual harassment, designated staff must complete the Attachment L, PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the youth's adjustment within the facility and document their findings. Monitoring for retaliation shall start immediately once an allegation of sexual abuse or sexual harassment has been made. Policy 23.1 further establishes that retaliation monitoring shall last at least 90 days. Monitoring can only be terminated before 90 days if the investigation has determined that the allegation is unfounded, or the person being monitored (youth/staff) is no longer at the site. Monitoring can occur beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. The designated staff responsible for retaliation monitoring is the Assistant Director/PREA Compliance Manager (AD/PCM). The Regional Administrator</p>

explained that she is currently handling the retaliation monitoring in the absence of the AD/PCM, and maintains the documentation, but the Treatment Team collectively participates in monitoring for retaliation as well and communicates any relevant information directly to her.

Interviews with the Regional Administrators confirmed that when monitoring occurs, youth's conduct is monitored as well as their treatment with such incidents as disciplinary reports, unwarranted housing or program changes; with staff any negative performance reviews or any reassignment of duties would be reviewed carefully. An interview with the Agency Head confirmed that the PREA Compliance Manager is the designated staff at each facility responsible for monitoring retaliation; if local staff cannot conduct the monitoring, the agency's PREA Coordinator or Victim Services Director will conduct the monitoring. Furthermore, during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. The auditor reviewed 20 case files for the allegations reported during the audit period and found inconsistencies in retaliation monitoring. As a result, the facility was found out of compliance with this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to produce documentation that the facility took appropriate measures to monitor youth and staff, as required, for retaliation after an incident is reported for the 20 cases that occurred during the audit period and any new incidents that occur during the corrective action period. There were no staff requiring monitored for retaliation during the audit period.

Corrective Action Taken: The facility provided a corrective action plan for correcting this deficiency which included training applicable staff on the retaliation monitoring requirements and expectations. The facility Director explained to the auditor that retaliation monitoring sheets for prior cases, including the 20 reviewed during the audit period, were unable to be located in the absence of the previous PREA Compliance Manager. There were three allegations reported between February 21, 2025, and July 18, 2025. The PREA Coordinator provided a memorandum addressing the missing Retaliation Monitoring Sheet for the cases that were reported/closed during the corrective action period. In one case, the alleged victim was transferred to another facility three days after the incident was reported so no retaliation monitoring documentation was initiated, although the shift supervisors ensured the safety of the youth and ensured no retaliation occurred. The other two cases that occurred during the corrective action period of the audit were assigned to the AD/PCM for monitoring who had returned from extended leave on 3/25/2025. At this time, all PREA duties to include retaliation monitoring were reassigned to the AD/PCM. This staff resigned during the correction action period and the binder where documentation of retaliation monitoring is retained has not been located. Through conversations with facility leadership, it was confirmed that the AD/PCM conducted the retaliation monitoring and ensured that the youth remained safe while housed at Metro RYDC. Youth involved in these incidents were separated from their perpetrator. There was no retaliation reported to have occurred during the corrective action period. The auditor spoke with the facility Director who was

	<p>knowledgeable about the requirements of 115.367 and assured the auditor that for at least 90 days following a report of sexual abuse, he will monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items monitored will include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. He explained that he will ensure this monitoring occurs until such time that the AD position is backfilled and the incumbent is trained on PREA Compliance Manager/retaliation monitoring duties. Based on the totality of the information provided, the auditor concludes the facility has demonstrated substantial compliance with this standard.</p> <p>A systematic review and analysis of the evidence, including evidence collected during the corrective action period, concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 8.7, Protective Custody; Policy 8.8, Use of Isolation; Policy 23.1, PREA; Policy 23.2, Sexual Assault; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility must clearly document the basis for the facility’s concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. Residents who are placed in isolation because they alleged to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large muscle exercise, which is documented on the 8.8 Attachment D, Isolation Checks Form. Policy 23.1 establishes that after an allegation of sexual abuse, and upon return from the emergency room, a new Custody and Housing Assessment will be completed in accordance with DJJ 17.3, Custody and Housing Assessment. 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. Policy 8.8 establishes that prior to placing a youth on isolation, every least-restrictive measure has been considered. Any time a youth has been placed in</p>

	<p>isolation, staff must notify the Approving Authority within 30 minutes of placement. The Approving Authority must then authorize placement of the youth within 15 minutes of notification. The facility indicated on the PAQ there were no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the 12 months preceding the audit. Interviews with the Regional Administrator, shift supervisor, counselors, and random security staff confirmed that the facility does not place youth in segregated housing if they allege a sexual abuse incident has occurred. Interviews with medical and mental health staff confirmed that youth placed on isolation for any reason receive daily visits. An interview with the Regional Administrators and various staff from security, education, counseling, medical, and mental health confirmed that youth placed in isolation for any reason receive daily large-muscle exercise, access to education, daily visits from medical and mental health, and access to other required programs. The auditor's review of case files and corresponding incident reports confirmed that youth who alleged sexual abuse were not placed in isolation status.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 22.1, Sworn Law Enforcement ID Cards; Policy 22.3, Internal Investigations; Policy 23.1, PREA; Policy 8.42, Crime Scene Preservation; 23.1, Attachment K, Requirements of a PREA Case; NIC Investigating Sexual Abuse in a Confinement Setting Curricula; Case Files; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.371(a)(c)(d)(k): Policy 22.1 establishes that assigned DJJ Investigators are sworn Peace Officers and as authorized by Georgia Law O.C.G.A § 35-89-2(8) and § 49-4A-8, and by the Commissioner of Juvenile Justice, while in the course of his/her employment duties with the Department is authorized to exercise the power of arrest. Policy 22.3 establishes that trained, qualified, and professional investigators of the Office of Investigations shall conduct administrative and criminal investigations, and specifically all allegations of sexual misconduct on DJJ property. Multiple policies cover the procedures used to effectively ensure investigations are completed promptly, thoroughly, and objectively. Policy 23.1 also establishes that all allegations of sexual abuse on DJJ property, in DJJ custody, or in a residential program contracted by DJJ, including third-party and anonymous reports, will be administratively and/or criminally investigated by the DJJ Office of Investigations. Investigations will be conducted following the agency's Policy 22.3, Internal Investigations, and Policy 8.42, Crime Scene Preservation. Policy 23.1, Attachment</p>

K, outlines the requirements of a PREA case and provides guidance for coding based on descriptions and definitions and the investigation requirements based on the type of allegation reported. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the Office of Investigations will still complete the investigation.

The auditor conducted interviews with the PREA Unit Chief Investigator and Field Investigations Supervisor confirming that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data over the course of their investigation. The investigators conduct interviews with alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrators. These interviews also confirmed that criminal investigations are documented and include thorough descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence. The investigator's written final report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Additionally, investigators review any prior reports and complaints of sexual abuse involving the suspected perpetrator. If, during an investigation, an accused employee resigns or is terminated, or if the victim/reporter recants the allegation, the investigation will still be completed. Also, the investigation will be completed even if the involved youth depart the facility during the investigation. There were 20 allegations (16-sexual abuse/4-sexual harassment) reported during the 12 months preceding the audit. All allegations were investigated by an investigator from the Office of Investigations PREA Unit and who has completed the specialized investigator's training. The auditor's review of these case files confirmed the investigations were prompt, objective, and thorough.

115.371(b): All investigators assigned to the DJJ PREA Investigations Unit have completed specialized training in sexual abuse investigations as evidenced by the auditor's review of training records and noted in Standard 115.334. Interviews with the PREA Unit Chief Investigator and Field Investigations Supervisor also confirmed their completion of the agency's extensive training programs and the requirement for all investigators to complete the training before conducting a PREA investigation.

115.371(e)(i): Policy 23.1 establishes that the Office of Investigations will diligently pursue prosecution of any staff who violate the agency's sexual abuse policies. Staff found guilty of sexually assaulting a youth may face imprisonment under federal and/or state laws. When the quality of evidence supports criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Policy 23.1 establishes that the Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. An interview with the PREA Unit Chief Investigator confirmed that any substantiated allegations of conduct that appear to be criminal are referred to the District Attorney for prosecution. One substantiated sexual abuse case involving a staff member was referred for prosecution.

115.371(f): Policy 23.1 establishes that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with two investigators and the review of case files concluded that credibility is assessed on an individual basis and not based on the person's status as a resident or staff. Further, the victim is never required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. The auditor's review of 20 case files for allegations reported during the audit period found that all requirements of provision (f) were met.

115.371(g)(h): Policy 23.1 establishes that the investigator will produce a final investigative report within the established timeframes for the completion of the investigation unless time is extended in writing by the Commissioner and the final report will determine whether staff actions or failure to act contributed to the abuse. DJJ employees must cooperate with investigative efforts and compelled interviews will only be conducted after consultation with prosecutors. There were 20 allegations reported during the 12 months preceding the audit and 18 were closed at the time of the site visit. The remaining 2 were closed within the corrective action period so the auditor reviewed all 20 closed files. These reports were well-documented and completed timely. Review of these reports confirmed a systematic pattern of documenting violations of PREA policy other than sexual abuse or sexual harassment identified during an investigation. Additionally, the auditor confirmed that the investigative reports contained a description of the testimonial evidence and any physical evidence that was obtained, the reasoning behind credibility assessments, and investigative facts and findings; and files are noted where retrieval of video footage was attempted and obtained, and statements were gathered (or attempted to be gathered) from all parties involved and witnesses.

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, as established by Policy 23.1 and corroborated during interviews with the Chief Investigator and the Agency PREA Coordinator. These records are retained securely at central office.

115.371(m): The DJJ Office of Investigations conducts its own investigations of sexual abuse and outside agencies are not responsible for investigating sexual abuse that occurred within the facility, unless requested by the Agency Head.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1, PREA; 23.1 Attachment K, Requirements of a PREA Case; Case Files; Information Obtained from Interviews.</p> <p>115.372(a): Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Of the 20 allegations reported/investigated (16-sexual abuse/4-sexual harassment) during the audit period, 4 were substantiated, 10 were unsubstantiated, and 6 were unfounded.. The auditor's review of these 20 case files, and interviews with two investigators concluded that a preponderance of the evidence is appropriately applied to sexual abuse and sexual harassment investigations and is the standard used to substantiate allegations of sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 23.1, PREA; 23.1 Attachment I, Resident Notification of Investigative Outcome; Case Files; Information Obtained from Interviews.</p> <p>115.373(a)(e): Policy 23.1 establishes that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. An interview with the Regional Administrators, Agency PREA Coordinator, the Chief Investigator, and the Field Investigative Supervisor determined that once an investigation has been concluded, the Office of Victim Services is responsible for generating the notification to the resident of the outcome. The auditor interviewed the Office of Victim Services Director and confirmed that a representative from their office prepares the notification to the victim of the outcome of the investigation once they are notified that the case is closed. If the resident is still in DJJ custody the notification is delivered in person, and if the resident is no longer in custody, the notice is sent by mail to the resident's last known address. The facility had 20 allegations (16-sexual abuse/4-harassment) reported and 18 investigations closed during the 12 months preceding the audit. The remaining 2 investigations were closed during the corrective action period, so the auditor reviewed all 20. Review of the case files confirmed the youth were notified of the result of the investigation as required.</p> <p>115.373(b): The DJJ Office of Investigations conducts all investigations; therefore, the facility meets this standard through non-applicability.</p>

	<p>115.373(c)(d)(f): The Resident Notification of Investigative Outcome, 23.1, Attachment I includes notification to the alleged victim (where applicable) whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. An agency's obligation to report under this standard terminates if the resident is released from the agency's custody. Additionally, following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency requires that residents be notified in writing of the outcome of an investigation of sexual harassment which is above and beyond the requirement of this standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeds due to providing written notification to residents upon closure of sexual harassment cases.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 3.80, Employee Progressive Discipline; Policy 23.1, PREA; Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Corrective Action Plan; Termination Notices; Interviews.</p> <p>115.376(a)(b)(c)(d): Policy 23.1 establishes that staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency’s sexual abuse or sexual harassment policies, following Policy 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation would be reported to the appropriate law enforcement agency and any relevant</p>

	<p>licensing bodies unless the activity was clearly not criminal. Interviews with the Agency Head, PREA Coordinator, Investigators, and Regional Administrator confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly. A review of 20 case files for allegations reported during the audit period found one substantiated allegation of staff-to-resident sexual abuse and administrative findings of staff actions that possibly warranted disciplinary sanctions. However, no documentation was provided for the auditor's review to indicate these staff were subject to disciplinary action. As a result, the auditor was unable to make a final compliance determination prior to the post-audit period ending and the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to demonstrate staff are held responsible for their violations of PREA related policies.</p> <p>Corrective Action Taken: The facility provided a corrective action plan which included the requirement for staff to be held responsible for their violations of PREA-related policies. The facility Director and Regional Administrator will review files for disciplinary documentation on past cases and will ensure that future cases, disciplinary action is provided. The facility provided a termination letter for the staff perpetrator in the substantiated case of sexual abuse, and this case was also forwarded for prosecution. An interview with the facility Director and Agency PREA Coordinator confirmed that a review closed cases determined that any staff violations of agency policies were reviewed by administration and deemed that remedial training was sufficient action and was 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. Additionally, the facility provided an example of another termination for a contract employee terminated after conclusion of a PREA investigation that was reported during the CAP period. While this termination would be assessed for compliance against standard 115.377 and the incident occurred outside of the review period, it supports the facility's/agency's commitment to holding staff and contractors accountable for violations of PREA related policies. Based on the totality of information provided during the corrective action period, the facility demonstrated compliance with all provisions of this standard.</p> <p>A systematic review and analysis of the evidence, including evidence collected during the corrective action period, concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 14.3, Citizen and Volunteer Involvement; Policy 23.1, PREA; Case Files; Information Obtained from Interviews.

	<p>115.377(a)(b): Policy 23.1 establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following 14.3, Citizen and Volunteer Involvement, the facility will take appropriate remedial measures and consider whether to prohibit further contact with youth. The facility reported on the PAQ during the 12 months preceding the auditor there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents. The auditor's review of case files for the 20 allegations reported during the 12 months preceding the audit period found there were no substantiated cases involving volunteers or contractors or violations of related policies. Interviews with the Agency Head, PREA Coordinator, Investigators, Regional Administrator, and facility Director confirmed that contractors and volunteers who violate sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable, and any relevant licensing body when required.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.378 Interventions and disciplinary sanctions for residents	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.8, Use of Isolation; Policy 23.1, PREA; Policy 16.05, Disciplinary Reports and Hearings; 16.5 Attachment B, Behavior Infractions Grid; Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Case Files; Memorandum from Agency PREA Coordinator; Interviews.</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers youth for criminal prosecution when appropriate. The facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The facility offers counseling services for youth with sexually abusive behavior, and these are not tied to any rewards-based behavior management system to access treatment. The facility reported on the PAQ</p>

there were three administrative findings of resident-on-resident sexual abuse that occurred during the 12 months preceding the audit; however, after review of the investigative case files there were no disciplinary actions provided for the auditor's review. As a result, the facility was found out of compliance with provision (a) and entered a 180-day corrective action to remedy this deficiency. To become compliant the facility was required to provide documentation of actions taken to hold youth perpetrators accountable in substantiated cases.

Corrective Action Taken: The facility provided a corrective action plan that included the requirement of documenting actions taken to hold youth perpetrators accountable in substantiated cases. This process will be monitored by the facility Director Hill and Regional Administrators. will provide documentation on past cases or provide a memo that youth were not disciplined and will ensure that disciplinary action is taken on future cases. The Agency PREA Coordinator provided a memorandum that explained that through conversation with the Regional Administrator who was acting Director for Metro RYDC during the audit period, cases that resulted in substantiated findings against youth disciplinary action were addressed by not allowing the youth perpetrators to attend Director sponsored events. The Regional Administrator stated that he would speak with the youth and remind them of the zero-tolerance policy for sexual abuse and sexual harassment and would explain to them that due to their actions, they would not be allowed to attend the Director event. The auditor confirmed this during a follow-up interview with the Regional Administrator. An interview with the new facility Director confirmed that going forward, any discipline administered to youth resulting from a substantiated finding would be clearly documented in the case file and youth's record. There were no formal disciplinaries processed the Agency's disciplinary process policies nor findings of guilt referred for prosecution. Based on the totality of the information provided, the auditor finds the facility in substantial compliance with provision (a) of this standard.

An interview with two mental health counselors confirmed the facility would offer counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The resident is not mandated to participate in these intervention measures to access programming and other resources.

115.378(b): Policy 8.8 governs the use of isolation for youth. Before placing a youth in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Youth in isolation will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place for the youth. Medical services staff shall be notified immediately when a youth requires isolation. Notification will include a verbal assessment of the youth to medical services staff. Behavioral health and nursing staff will evaluate the youth for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation progress note. An interview with the Regional Administrator and various staff from security, education, counseling, medical, and mental health confirmed that youth placed in isolation receive daily large-muscle exercise, access to education, daily visits from

	<p>medical and mental health, and access to other required programs. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense.</p> <p>115.378(c): Policy 16.5 establishes that the hearing officer will consider extenuating circumstances when imposing sanctions, such as age, mental condition, prior record of conduct, etc. If the youth is on the mental health caseload, his primary clinician will be present at the hearing to act as an advocate when possible. If it is determined that the youth cannot understand the proceedings or present a defense because of disability, the hearing officer will appoint a staff member to act as an advocate. An interview with the disciplinary hearing officer and two mental health counselors confirmed this practice is observed and well implemented at the facility.</p> <p>115.378(e): The agency uses the disciplinary procedure for sexual conduct with staff only upon finding that the staff member did not consent to such contact which was confirmed during an interview with the Agency Head, PREA Coordinator, and Regional Administrator. There were no incidents during the audit period where a resident was disciplined for sexual conduct with a staff.</p> <p>115.378(g): The agency prohibits consensual sexual behavior between youth. The facility provided the Behavioral Infractions Grid which is used to apply disciplinary sanctions for youth who violate facility policies and rules. In addition, interviews with 16 youth confirmed they were aware that sexual contact or activity with other youth is not permitted. There were no incidents during the audit period where residents were disciplined for consensual sexual behavior.</p> <p>A systematic review and analysis of the evidence, including information obtained during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.5, Incident Reporting; Policy 11.1, Medical Intake Screening; Policy 11.2, Nurse health Assessment and Physical Examination; Policy 12.10, Mental Health Screening; Policy 22.3, Internal Investigations; Policy 23.1, PREA; 23.1 Attachment F, Consent to Disclose Protected and Confidential Information; 8.5 Attachment I, SIR Codes; 115.381 PREA Accountability Statement; Sexual Incident Reports (SIR) B6P Codes; Consent to Disclose Protected & Confidential PREA Information forms; Behavioral Health Evaluations (BHE); Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Risk Assessments; MH</p>

Referrals/Secondary Information; Interviews.

115.381(a)(b): Each youth entering a facility, whether a new admission or a transfer from another facility, will receive a medical screening, mental health screening, and PREA risk screening. Policy 23.1 establishes that if a youth discloses prior sexual victimization or sexual abuse during intake, medical/mental health screening, or health history, whether it occurred in a facility setting or the community, staff will ensure the youth is referred for medical and mental health services within 72 hours of the screening. Staff must address the youth's prior sexual victimization and document the youth's response in the JTS notes. The facility indicated on the PAQ that 100% of those who reported prior victimization received follow-up services. The auditor interviewed the intake officer and confirmed if a screening indicates that a resident has experienced prior sexual victimization or perpetration, the facility Director and medical is notified, an SIR is completed (coded B6P), and the Department of Family and Children's Services (DFCS) is notified. The auditor interviewed medical and mental health staff and confirmed that the youth is referred for follow-up meetings with a medical and/or medical health practitioner.

Based on an interview with the HSA and the mental health counselor, all youth are seen by medical staff within two hours of arrival and when a youth discloses prior victimization the healthcare staff makes a referral to mental health and mental health will follow up within 72 hours. During the auditor's review of the risk screening instruments prior to the site visit several residents were identified who had disclosed prior victimization but the facility could not provide documentation of the follow-up with mental health. As a result, the facility immediately put corrective action in place and provided the auditor with documentation supporting compliance for youth who arrived during the post audit period. The facility implemented a corrective action plan during the post-audit period and provided documentation to indicate compliance with this standard. To become fully compliant, the facility was required to monitor risk assessments for residents who disclose prior victimization or those who have previously perpetrated sexual abuse to ensure that a referral to mental health practitioner is offered.

Corrective Action Taken: The facility admitted 90 youth whose stay was 72 hours or more between April 25, 2025, and July 12, 2025, and risk assessments were conducted on all. Of these new admissions, 16 disclosed prior victimization during the risk screening and were referred to mental health for a follow-up. Secondary documentation was provided by mental health confirming all 16 met with a provider within 72 hours of the screening/referral and a behavioral health evaluation was completed. The facility has satisfied the corrective action plan and has demonstrated these procedures are institutionalized.

The auditor had the intake and medical staff explain what they would do if a resident disclosed prior sexual victimization information during a screening and they explained that the youth would be referred for a behavioral health evaluation which would be conducted on the same day of arrival or no later than the next business day, and SIR would be completed, and the incident would be reported to DFCS as required. An interview with a mental health counselor informed the auditor that all

youth who enter the facility undergo a mental health screening. Informed consent is reviewed verbally with residents prior to the completion of the mental health screening. If a youth answers yes to any questions related to prior sexual abuse, either as perpetrator or victim, questions pop up asking if the youth has been offered services and if a special incident report has been completed. If a youth reported any type of prior victimization during Mental Health Screening, a Mental Health Assessment would be triggered. The Mental Health Assessment addresses any questions that were endorsed during the screening regarding prior sexual abuse. The auditor interviewed three youth who reported prior sexual victimization during the risk screening and confirmed that they were offered a consultation with mental health. They said that they met with the mental health counselor. The auditor's review of the youth's records corroborated the youth's interview.

115.381(c)(d): If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to Policy 8.9, Child Abuse Reporting. For youth over 18, staff obtain informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who need to know. The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the facility PREA Compliance Manager. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. In interviews with the intake, mental health, and medical staff, they confirmed that information obtained during the intake and screening process is protected, and only disseminated under strict guidelines, within mandatory reporting guidelines, and when needed to further the individual's treatment. The auditor observed electronic safeguards of any information or documentation collected and maintained electronically. Medical records are only accessed by authorized personnel in the password-protected database. Information collected during the risk screening instrument is entered directly into the agency's electronic database and can only be accessed by users with authorized access. Interviews with medical and mental health staff confirmed that secondary information is maintained in the resident medical files and not a part of the resident institutional file. Informal conversations with staff confirmed the electronic database is password protected, and only authorized staff have access to risk screening information. Staff confirmed during interviews that they have the youth read (or have read to them) the 23.1 Attachment F, Consent to Disclose Protected Confidential PREA Related Information upon arrival at the facility. This consent form explains that any prior abuse disclosed by the youth will be reported to and shared with DFCS, DJJ Office of Investigations, and other individuals and staff involved in providing care and treatment and who have a need to know. If the youth is over the age of 18 they may decline consent to release this information. The auditor selected a sample of residents for records review and confirmed a completed and signed Consent to Disclose Protected and Confidential Information form was in each resident's file.

A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Evidence Reviewed: Policy 2.10, Payment of Youth Medical Expenses; Policy 23.1, PREA, Policy 23.2, Sexual Assault; 23.1 Attachment M, Sexual Abuse Coordinated Team Response; 23.2 Attachment A, Facility Coordinated Response to a Sexual Assault Incident; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c): Policy 23.2 establishes that any youth reported or believed to have been sexually assaulted shall be immediately referred to the on-site health care staff for initial screening. Appropriate first aid or emergency care will be provided, and the youth will be sent to a hospital for further examination, treatment, and collection of forensic evidence. When on-site medical services staff are unavailable, the youth will be transported to the hospital for initial screening. When there is a report of a sexual assault from a youth to a staff member or there is suspicion of sexual assault, the staff member will immediately refer the youth to the medical services staff. An initial evaluation and determination of the need for an outside medical referral for further testing and evaluation will be performed. The facility Director or Office of Investigations staff may independently decide that a youth must be referred for outside medical testing and evaluation. Medical services staff will provide appropriate follow-up care and treatment. At the follow-up appointment, the youth's physical and emotional status will be assessed. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed. Youth who are alleged victims of sexual assaults will be treated in a sensitive and non-judgmental manner. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy 23.1 establishes that the facility Director will ensure that victims of sexual abuse, while confined, shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care where medically appropriate. If there is an allegation of a sexual assault within a 96-hour time frame, emergency medical care and SANE services will be provided by CHOA. STI labs, and emergency contraception will be ordered by the attending physician and follow-up labs, and medication will be administered by the facility's medical department. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame. An interview with the Regional Administrator, Medical Director, HSA, and RN confirmed any youth who has experience sexual abuse/assault will receive timely access to emergency medical treatment and crisis intervention services. An interview with the HSA confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the local hospital, then the facility will provide follow-up treatments according to the physician's orders. These services will be provided timely and consistent with professionally accepted standards of care. One youth received emergency medical treatment for sexual abuse within the audit period. The auditor reviewed the investigation file and interviewed the youth who</p>

	<p>confirmed he received timely medical attention and was not charged for any of the services. Interviews with 12 random staff found they were knowledgeable of their first responder duties and knew what steps to take to protect a victim of sexual abuse and preserve evidence.</p> <p>115.382(d): Policy 23.1 and 2.10 collectively establish that forensic medical examinations and treatment services are offered without financial cost to the youth. This was further confirmed through interviews with medical staff.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 2.10, Payment of Youth Medical Expenses; Policy 23.1, PREA; Policy 23.2, Sexual Assault; Practitioner Credentials; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.383(a)(b)(c)(f): Collectively, policies 23.1 and 23.2 establish that the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Any youth believed to have been sexually assaulted shall be immediately referred to the onsite health care staff for initial screening. Appropriate first aid or emergency care will be provided, and then the youth will be sent to a hospital for further examination, treatment, and forensic evidence collection, as appropriate. Medical services staff will deliver follow-up care and treatment. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis. Policy 23.1 establishes that the facility Director will ensure that victims of sexual abuse, while confined, shall be provided with timely information and access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care, where medically appropriate. Medical services staff will provide appropriate follow-up care and treatment. The youth's physical and emotional status will be assessed at the follow-up appointment. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed. The facility has a staff of Qualified Mental Health Providers (QMHP) who provide ongoing assessments and treatment for victims of sexual abuse or abusers and practitioner credentials were provided for auditor's review. Interviews with medical and mental health staff confirmed that evaluations and treatment of sexual abuse victims, including follow-up care, regardless of where the abuse occurred, will be provided to youth at a</p>

	<p>standard comparable to community service levels; additionally, when necessary, they will make referrals for continued care after the youth leaves the facility.</p> <p>115.383(d)(e): Agency policy provides that female victims of sexual abuse will be offered a pregnancy test. If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the medical department.</p> <p>115.383(g): Policies 23.1 and 2.10 establish that treatment services are provided to sexual abuse victims without financial cost regardless of whether the victim names the abuser or cooperates with the investigation No youth required these services during the 12 months preceding the audit.</p> <p>115.383(h): In accordance with DJJ policies, the facility will conduct a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners, based on policy review and interviews with mental health staff. Interviews with medical and mental health staff also confirmed that evaluations and treatment of sexual abusers, regardless of where the abuse occurred, will be offered and provided to youth at a standard comparable to community service levels.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 23.1, PREA; 23.1 Attachment J, Sexual Abuse Incident Review Team Meeting; Metro RYDC Coordinated Response (23.1 Attachment M); Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed: Sexual Abuse Incident Review Team Meeting Minutes; Case Files; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c)(d)(e): Policy 23.1 establishes that each facility and community residential provider will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The auditor interviewed the Regional Administrator, and three other review team members and confirmed that the facility has a sexual abuse incident review team that includes upper-level management officials. The process allows for input from line supervisors, investigators, and medical or mental health</p>

practitioners. These members explained that during a review, the 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; and/or other group dynamics at the facility. A written report is prepared utilizing the agency's template, 23.1 Attachment J, Sexual Abuse Incident Review Team Meeting which documents the activities of the committee meeting and is signed by all members present. The report also captures any recommendations that the committee makes as a result of the review. The report is then reviewed by the PREA Compliance Manager and facility Director (Regional Administrators in their absence).

There were 20 cases investigated during the 12 months preceding the audit and the facility was unable to provide evidence that incident reviews were conducted for all required cases. As a result, the facility was found out of compliance with this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to complete an incident review for all applicable incidents that occurred during the audit period. Additionally, provide evidence of timely and complete incident reviews for any new cases that occur during the corrective action period.

Corrective Action Taken: The facility provided a corrective action plan which included that the facility must complete an incident review for all applicable incidents that occurred during the audit period and provide evidence of timely and complete incident reviews for any new cases that occurred during the corrective action period. These procedures will be monitored by the facility Director and Regional Administrator who will ensure that all incident team review meetings are conducted on past cases and for all future cases. Incident Review Team Meeting Minutes were provided for 14 of the 20 cases that were investigated and closed with a substantiated or unsubstantiated disposition during the audit period. Additionally, 3 cases were closed during the corrective action period and Incident Review Team Meeting Minutes were provided for all 3. Review of these documents found that the review team consisted of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team's documentation indicated the team considered whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse; the incident 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; examined the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assessed the adequacy of staffing levels in that area during different shifts; assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepared a report of its findings. There were no recommendations for improvement made by the review team during review of these incidents. Reports were submitted to the Director for review. The facility has demonstrated compliance with the requirements of this standard.

A systematic review and analysis of the evidence, including evidence reviewed

	during the corrective action period, concluded that the facility is out of compliance with this standard.
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 23.1, PREA; 23.1 Attachment K, Requirements of a PREA Case; PREA Annual Report 2022; PREA Annual Report 2023; Agency's SSV-5 2022; DJJ Website; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(f): Policy 23.1 establishes that the agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), following Policy 8.5, Special Incident Reporting, DJJ 23.1, PREA, and Attachment K. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor reviewed the agency's SSV reports and the most recent PREA Annual Report (2023). An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. The auditor's review of the most recent annual report confirmed that uniform data for every allegation is collected and published as required. The agency provided the Department of Justice (DOJ) with data from the previous calendar year (2023) as requested. The agency provided the DOJ SSV-5 for 2022 and 2023. DOJ has not requested 2024 data as of the publishing of this report. The PREA Coordinator explained the SSV-5 is completed by her office and provided to DOJ upon request. The annual report includes the yearly comparison dating back to FY2013.</p> <p>115.387(e): The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Based on an interview with the Agency PREA Coordinator, this provision was not applicable until 2023; therefore, reports dated 2022 and prior will not include any contracted facilities.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 8.5, Special Incident Reporting; Policy 23.1, PREA; SSV-5 2023; PREA Annual Report 2022; PREA Annual Report 2023; DJJ Public Website; Information Obtained from Interviews.</p> <p>115.388(a)(b): Policy 23.1 establishes that the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training and maintain a current link on the DJJ website to provide PREA information to the public. The auditor reviewed the most recently published Annual Report and found it included a comparison of the current year's data and corrective actions with those from prior years. Additionally, the Annual Report provides an assessment of the agency's progress in addressing sexual abuse. Interviews with the Agency Head and PREA Coordinator found that the agency is continually assessing the effectiveness of its sexual abuse prevention, detention, and response policies, practices, and training. When a discrepancy is identified it is addressed on a statewide level. Remedial training is directed when needed to ensure staff understand all aspects of the program.</p> <p>115.388(c)(d): Policy 23.1 establishes the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. During the Agency PREA Coordinator's interview and review of the 2023 Annual Report, the auditor confirmed the report was approved by the Agency Head prior to publishing. A web search found the 2023 PREA Annual Report published on the agency's public website.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 5.1, Records Management; Policy 23.1, PREA; DJJ Public Website Links; PREA Annual Report 2022; PREA Annual Report 2023; Agency SSV-5 2023; Information Obtained from Interviews.</p>

	<p>115.389(a)(c)(d): Policy 23.1 establishes that the agency will maintain sexual abuse data collected under 115.387 for at least ten years after the date of its initial collection, following Policy 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required ten years, the agency will maintain data on all staff, contractors, volunteers, and interns who committed sexual abuse or sexual harassment of youth for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the agency. According to the Agency PREA Coordinator and Agency Head, all data collected is securely retained in the agency's computer database with restricted access. Access to this data must be granted through the requestor's hierarchy and approved by the Agency PREA Coordinator. At the local level, the auditor observed the physical storage area of information and documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) and found that all information was stored in a secured location under lock and key with limited access for personnel who have a need to access the information. Electronic data collected and entered into the JTS (agency's database) is securely retained through user identity profiles and password protection.</p> <p>115.389(b): The requirement for PREA compliance and data collection at the community sites began in 2023; therefore, the community sites are not reflected in the data collection prior to 2023.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Website; PREA Audit Reports; 2025 PREA Audit Schedule; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): The PREA Coordinator stated the agency ensured that each facility operated by the agency or by a private organization on behalf of the agency was audited at least once, which was corroborated by the auditor's review of the agency's public website which contained final reports for all facilities, including contract facilities. The last PREA audit for this facility was conducted on February 24-25, 2022, with a final report issued on July 13, 2022. The prior audit report was viewed at https://djj.georgia.gov/prea-reports. The PREA Specialist provided the auditor with the agency's projected PREA audit schedule for the current year confirming that the remaining one-third of the facilities will be audited within this current cycle (Cycle 4).</p> <p>115.401(h): During the site visit, the auditor was allowed access to all areas of the</p>

	<p>facility, and all areas of the facility were inspected.</p> <p>115.401(i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). All information requested by the auditor was promptly delivered.</p> <p>115.401(m): Space was designated for the auditor to conduct interviews with youth in the intake area and in the administrative conference room to interview staff and to review documentation while onsite. Both areas provided easy access for residents and staff to meet with the auditor and privacy during the interviews.</p> <p>115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility, as required, and were delivered to the agency on February 6, 2025, with instructions for posting. Prior to the audit it became necessary to push the audit back one week due to unforeseen circumstances. Revised audit notices were issued and posted on the same day. These notices were posted conspicuously, and according to the auditor's instructions on the same day delivered. Photos were provided to the auditor by email confirming the locations of posting. During the site visit, the auditor observed the audit notices posted throughout the facility, (at the facility entrance/exit, intake area, counseling, sally port, administration area, dining room/visitation, recreation, medical, education, multi-purpose area, and all housing units). The auditor further verified during interviews with residents and staff that they were aware they could correspond with the auditor confidentially. During interviews with administrative staff who process outgoing mail and the Regional Administrator, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received prior to the site visit nor during the post-audit period.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Public Website; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through a search of the agency's public website and an interview with the PREA Coordinator that Final Audit Reports of all DJJ facilities, including contract facilities, are posted on the agency's website at https://djj.georgia.gov/prea-reports.</p> <p>Based on the review and analysis of the evidence, the facility and agency demonstrated compliance with all provisions of this standard.</p>

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

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

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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by 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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (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.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline 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?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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