

PREA Facility Audit Report: Final

Name of Facility: Milledgeville Youth Development Campus

Facility Type: Juvenile

Date Interim Report Submitted: 12/02/2025

Date Final Report Submitted: 03/04/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 03/04/2026

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	10/14/2025
End Date of On-Site Audit:	10/15/2025

FACILITY INFORMATION	
Facility name:	Milledgeville Youth Development Campus
Facility physical address:	800 North Glynn Street , Milledgeville, Georgia - 31061
Facility mailing address:	800 North Glynn Street, Milledgeville, Georgia - 31061

Primary Contact

Name:	Condaryl Heggs
Email Address:	condaryl.heggs@djj.state.ga.us
Telephone Number:	478-445-3050

Superintendent/Director/Administrator	
Name:	Condaryl Heggs
Email Address:	condaryl.heggs@djj.state.ga.us
Telephone Number:	912-656-9481

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

Facility Health Service Administrator On-Site	
Name:	John Lemme
Email Address:	johnlemme@djj.state.ga.us
Telephone Number:	404-947-9759

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	17
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	16-20
Facility security levels/resident custody levels:	All
Number of staff currently employed at the facility who may have contact with residents:	55
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

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:	404-508-6500

Agency Chief Executive Officer Information:	
Name:	Shawanda Reynolds-Cobb
Email Address:	shawandareynolds-cobb@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:

10

- 115.312 - Contracting with other entities for the confinement of residents
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.341 - Obtaining information from residents
- 115.342 - Placement of residents
- 115.373 - Reporting to residents
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Number of standards met:

33

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:	2025-10-14
2. End date of the onsite portion of the audit:	2025-10-15

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	6
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:	10
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:	3
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<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>1</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Residents assigned to this facility have been sentenced or committed to DJJ custody by juvenile courts. Age range of current population at the time of the audit was 16-20; nine residents were black and two were categorized as other.</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>55</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>16</p>

<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:</p>	<p>8</p>
<p>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:</p>	<p>The facility is allocated 77 positions but is staffed currently at 55. Ongoing recruitment efforts are held locally and statewide to fill the vacant positions. The facility has a contract with CGL for maintenance services and there are 3 employees assigned to the facility and these personnel have no direct contact with the residents and minimal indirect contact. The facility uses a contract barber. Medical services are provided through a contract with August Medical Center, and the facility has 7 medical personnel assigned. As of the date of the audit, there were 16 volunteers approved to enter the facility.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected residents that met target categories and identified their current housing assignment. Then selected additional residents 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. Based on there being only 10 residents present during the site visit the auditor interviewed 100% of the population. Four of the residents qualified for at least one targeted category and the remaining six were counted as random.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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):</p>	<p>The auditor interviewed 100% of the current population present during the audit.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<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>	

<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:</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 residents during the site visit, review of resident 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>3</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 residents during the site visit, review of resident 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 residents during the site visit, review of resident 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>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 residents during the site visit, review of resident 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>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>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 residents during the site visit, review of resident 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>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 residents during the site visit, review of resident 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>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 residents during the site visit, review of resident 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>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 residents during the site visit, review of resident 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>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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident 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>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 type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>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>The auditor met no barriers to completing staff interviews.</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>23</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>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	The auditor interviewed housekeeping staff, food service staff, education staff, grievance coordinator, volunteer coordinator, regional administrator, and counseling staff. Additional agency staff interviewed included victims services, medical managing director, ombudsman, and the CHU supervisor.
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:	2
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 type="checkbox"/> Religious <input checked="" 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

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
--	---

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>
--	--------------------------

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.

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

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

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

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

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

The Milledgeville Youth Development Center (YDC) is a single-level secure long-term facility for youth sentenced or committed to DJJ custody by juvenile courts. A full facility inspection was conducted during the site visit by the auditor while accompanied by key facility staff. Informal conversations were held with staff and residents during the site inspection. The auditor observed that all doors checked were secured throughout the facility during the tour. All doors to areas where staff and/or residents may be occupying the space had unobstructed windows. Pipe chases and mechanical rooms, exterior fire doors, and restricted storage areas were clearly marked "No Youth Allowed". Employees and visitors enter through the front entry which is monitored by a control room officer. Everyone entering the facility is screened and checked in at this area. There are two offices (HR and Director) accessible from the lobby and staff/visitor restrooms. Two corridors, one on each side of the control room, allow entry through a secure door into the main facility. The hallway to the right enters into the medical area. Main control is directly across the hallway and situated such that the officer can monitor residents in Pods A and B. Each Pod has five cells equipped with a toilet and sink. Pods A and B each have one shower stall on the unit that allows residents to shower privately and without being viewed by opposite gender staff. The Education Hallway is connected to Pods A and B corridors and enters into classrooms and offices. Following the hallway to the left of the front control room passes the Conference Room (where the auditor conducted interviews) and counselor offices. Another secure door enters into the hexagon shaped housing area consisting of a Central Control Room and Pods C, D, E, and F. This Unit is equipped with three individual showers, and each shower allows residents to shower privately and without being viewed by opposite gender staff. This Unit has a side entry where new arrivals are brought directly

into the shower area. The Intake Officer's office is just outside the shower area on this Unit and is the location where new arrivals are processed individually. Pods A and B were out of commission during the site visit and under renovation. Additionally, the facility is renovating the gymnasium that will be used for recreational purposes. There were no new arrivals processed during the site visit, so the auditor observed a simulation of the intake process by the intake officer. The auditor conducted test calls from a random housing unit phone and was able to reach the Office of Victim Services, RAAIN, and Ombudsman's Office. The CCTV system consists of 114 cameras that are strategically placed to enhance the safety of the residents and staff at the facility. The auditor observed the camera views from the control room and found that no opposite gender viewing within showers or toilet area is possible. The auditor toured all areas of the facility and the outside recreation area and held informal conversations with staff and residents during the site inspection. Meals are prepared through the Cook-Chill method which requires only a small preparation area for food service workers to plate the food. Trays are delivered directly to the housing units and residents eat at the tables in their respective day areas. The facility was clean and in good repair. The auditor had no concerns with the structure, staff presence, or placements of CCTV cameras during the site visit. The stated audit period was September 1, 2024, through August 31, 2025, although the auditor sampled documents outside of the stated audit period.

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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed all documentation provided by the facility during the Pre-Audit phase with the PAQ. After review, the auditor prepared an Issue Log requesting additional information and provided it to the agency PREA Coordinator, along with a list of additional information to have prepared for day one of the audit which included shift rosters, employee lists, and resident housing lists. Documentation reviewed while onsite was flagged for the PREA Compliance Manager to upload into the OAS as evidence and for retention purposes. All documents reviewed are identified in the Evidence Reviewed section for each standard's narrative. All documentation requested by the auditor before, during, and after the site visit was provided promptly. All other documentation reviewed is noted in the individual standards sections and referenced in the narratives. The auditor spent a substantial amount of time during the Pre-Audit Phase reviewing documentation samples to allow more time during the site visit for interviews and interactions with staff and residents.</p>
<p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>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.</p>	

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	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

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

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input 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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations reported during the audit period.</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>0</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 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>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative 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 staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were two sexual abuse allegations reported during the audit period, and both were allegedly involving staff. Both were investigated administratively by the Office of Investigations PREA Unit and closed. Neither allegation was deemed to contain a criminal element. One of the allegations was handled as an investigative inquiry due to the circumstances surrounding the incident.</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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence 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 Audits; Milledgeville YDC 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 a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment of residents in DJJ custody. Policy 23.1 outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Attachment K of the policy outlines requirements of a PREA Case. The DJJ strictly prohibits any form of sexual activities involving residents with other residents and residents 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</p>

Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice (DOJ). Policy 23.2 directs the agency's response to sexual assault incidents. 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, Jennifer Walls, Deputy Director of Audits. She is a direct report to the Audit Director but has a direct line of communication with Commissioner Shawanda Reynolds-Cobb as confirmed during interviews with Ms. Walls and Commissioner Reynolds-Cobb. Based on an interview with the Agency PREA Coordinator, she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DJJ facilities. She 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 Compliance Analyst is employed to directly oversee facility audits and the agency's annual compliance reviews; however, this position is currently vacant. If the agency identifies issues complying with a particular PREA standard, the Agency PREA Coordinator consults with the Agency's Executive Leadership, policy managers and facility staff to resolve concerns. Local issues are resolved locally, with the assistance of the local management team and the Regional Administrator under direction of the Agency PREA Coordinator. Regular and ongoing communication is held with the Agency 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 Agency PREA Coordinator's office regularly meets with the PREA Compliance Managers to keep them current with PREA matters.

115.311(c): The facility has designated a PREA Compliance Manager, Deyandra Tucker who is the compliance manager for the facility. Ms. Tucker reports to the facility Director based on interviews with both parties and a review of the Milledgeville YDC Organization Chart. The auditor interviewed the PREA Compliance Manager and confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. During her interview she also explained that she reviews all risk screening reports for residents when they are admitted to the facility and she meets with each of them individually upon arrival to introduce herself. She also participates in making unannounced PREA rounds to deter any sexual abuse of residents. The PREA Compliance Manager further explained that if she identifies a compliance issue, she addresses the issue directly to bring the issue into compliance with the full support of the facility Assistant Director and Interim facility Director, and coordinates with the Agency PREA Coordinator's office when needed.

Based on the review and analysis of the stated evidence, the facility and agency

	have demonstrated compliance with all provisions of this standard.
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 2.16 Contracts Administration, 20.1 Community Quality Assurance Monitoring, 20.24 Community Residential Programs, 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. Chenault Youth Services; 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. Based on information provided with the PAQ and confirmed through email with the Contracts Administrator, the agency has entered or renewed forty contracts for the confinement of residents since the last PREA audit. 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). Interviews with the Agency Contract Administrator and Agency PREA Coordinator confirmed that DJJ contractors acknowledge that, in addition to self-monitoring requirements, the Department will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any Contractor that fails to comply with the Prison Rape Elimination Act (PREA), including PREA</p>

	<p>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. During the audit period, five facilities met 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 from the Agency PREA Coordinator at least once each audit cycle. 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.</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 based on the multi-level approach to monitoring compliance with contracted facilities.</p>
--	---

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; List of Trained Staff and Training Records; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(d): Policy 23.1 states that facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse following Policy 7.6, Video Monitoring Systems. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A) and submit its report by the 10th of December with the required signatures to the Agency PREA Coordinator. The facility provided staffing reports dated December 2, 2024, November 20, 2023, and December 5, 2022, for the auditor's review. These annual staffing reviews are conducted by the facility Director, Assistant Director of Security, and PREA Compliance Manager and reviewed/approved by the Regional Administrator, Assistant Deputy Commissioner/Secure Facilities, and the Agency PREA Coordinator. The Staffing Plan is predicated on a population of 30 residents, and the average daily number of residents for the 12 months preceding the audit was seventeen.</p>

The Facility Annual Staffing Report, Policy 23.1, Attachment A, is used to conduct annual reviews. This form indicates that the reviewing parties consider all required elements of provision (b) during the annual review. An interview with the Interim facility Director and the Agency PREA Coordinator found that the agency provides specialized training for all staff, including non-security staff, during the academy which qualifies them to assist with supervision during daytime hours. The facility provided a list of 5 staff who occasionally assist direct care staff with supervision of residents.

The facility currently houses male youth with a designed facility capacity of 30. There are six housing units: A, B, C, D, E, F, consisting of five single cells each. Housing units A and B are currently closed, pending renovations, so the facility is currently staffed to support the remaining four units. The facility design for Units C-F is a hexagon shape with a central control room. Each unit has a small day room for leisure activities that are glassed and visible throughout the wing. There are four individual showers with secure doors shared by Units C-F, and each shower inside the shower room is equipped with a shower curtain. The facility provided a list of 114 cameras with their locations identified. These cameras allow monitoring in all areas of the facility where residents 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, and footage is recorded and stored for up to 59 days. Additionally, these cameras may be accessed by the Interim facility Director, Assistant Director, Shift Supervisor, and Compliance Manager, and their interviews confirmed 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. Inoperable cameras are 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 where residents are not allowed access were marked accordingly, and the auditor observed that entries into these areas are covered by camera views.

115.313(b)(c): Policy 23.1 states that each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency-approved POST-certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility documents this information daily in the Secure Facility Staffing Report System (SFS). The facility indicated on the PAQ that there were no deviations from the 1:8 ratio during waking hours or the 1:16 ratio during sleeping hours during the 12 months preceding the audit. The auditor reviewed SFS reports for the 1st, 10th, and 20th of each month between October 2024 through September 2025, and October 1-13, 2025, for a total of 50 reports, and found that the facility was staffed at the established staffing plan for the current population with no deviations. Interviews with the Interim

facility Director, PREA Compliance Manager, and Shift Supervisors confirmed they are all aware that any deviations from the staffing plan must be documented and justified in the SFS report if and when they occur.

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 a.m. and no later than 4:30 a.m. per month. Staff are prohibited from alerting other staff of such rounds. Staff members cannot conduct unannounced rounds during his/her assigned shifts. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA audits. The unannounced PREA rounds logbook, or other related documentation is maintained in the main control room for audits and the PREA investigators' review. The auditor reviewed 57 Unannounced Rounds forms completed between August 6, 2024, through September 30, 2025, and found that intermediate-level/higher-level supervisors conduct and document unannounced rounds on all shifts, day and night, to identify and deter staff sexual abuse and sexual harassment. 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 Assistant Director and the Interim facility Director regarding their experience of making unannounced rounds, and they all explained their methodology, which was in alignment with the requirements of provision (e) of this standard. These interviews also confirmed that they frequently make random, unannounced visits to various areas of the facility during normal work hours as well.

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 4.5, Staff Training Requirements; Policy 7.6, Video Monitoring Systems; Policy 8.22, Searches and Contraband Control; Policy 15.8, Youth Property, State Issued Items, and Personal Hygiene Policy 23.1, PREA; Policy 23.3, Lesbian, Gay, Bisexual Transgender, Intersex (LGBTI); 23.1 Attachment C, Cross Gender Searches Documentation; Milledgeville YDC 23.3 LGBTI Local Operating Procedures (LOP); Milledgeville YDC General Post Order Unit/Detention Unit; 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</p>

Preference; Information Observed During Site Visit; Information Obtained from Interviews.

115.315(a)(b)(c): Policy 23.1 establishes that the facility will not conduct cross-gender strip and body cavity searches of residents. 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 that there were no cross-gender searches of any kind conducted in the twelve months preceding the audit, which was further corroborated by a written statement and subsequent interview with the facility Director, and interviews with ten random officers and two supervisors. Because there was no cross-gender search conducted during the audit period, no documented logs existed for the auditor's review. Random staff interviews confirmed that only in exigent circumstances would a cross-gender strip search or visual body cavity search be required, and that supervisor's approval would be required before proceeding with the search. They were aware that any searches of this type would be documented on a log, and an SIR would be completed. Residents denied during interviews ever being unclothed in full view of non-medical, opposite gender staff. The auditor interviewed ten residents who confirmed that they have never been searched by an officer of the opposite gender, and that staff of opposite gender always announce their presence when entering a resident housing unit. There were no transgender/intersex residents admitted to the facility during the site visit to interview. The facility has a body scanner located in the intake area that can only be used by specially trained personnel. The auditor interviewed staff regarding the use of the scanner and confirmed that same-gender staff operate the scanner when processing a resident, and only under exigent circumstances would opposite gender staff conduct a search using the scanner at which time it would be documented accordingly. Resident interviews further confirmed that when the scanner is used it is always by staff of the same gender.

115.315(d): Policy 23.1 states that staff members of the opposite gender must announce their presence when entering a housing unit. Resident 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 camera views and found none that could view a resident in the shower or while using the toilet, or in the designated areas where residents change clothes. Policy 15.8, Youth Property, State Issued Items, and Personal Hygiene provides instructions for facilitating resident showers and states that the facility will ensure that a male staff be present and supervising residents during shower time. Milledgeville YDC 23.3 LOP establishes the showering schedule. All showers at the facility are single rooms with locking doors, and the shower stalls are equipped with shower curtains. Residents must be fully dressed when entering and exiting the shower rooms.

Interviews with ten random officers and two supervisors confirmed their knowledge of these procedures. 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 residents' cells or in the intake area and always by same-gender staff. The auditor also reviewed camera views from the central control and found no views were observable in areas where a resident may be undressed, taking a shower, using the toilet, or during an unclothed body search. This was also confirmed through informal conversations with staff who stated they have never encountered a time when they observed a resident undressed. Interviews with female officers confirmed that they may occasionally encounter a resident using the restroom, incidental to making cell checks, at which time they simply continue moving and do not loiter. 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 that they 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 resident to determine the genital status. If the genital status is unknown, it may be determined during a conversation with the resident or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical 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 deciding a case-by-case determination of staff gender during searches of Transgender or Intersex residents. There were no residents admitted to the facility during the twelve months preceding the audit who identified as transgender or intersex. Interviews with ten officers and two security supervisors also confirmed staff awareness 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, and that there would be no circumstance that would warrant a search of this type.

Under direction of the DOJ provided on December 2, 2025, provision (f) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor assessed and determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.

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

	<p>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 twelve random security staff and found they had all received their initial searches training when they attended the academy to become a certified JCO. Additionally, a refresher is provided on searches each year during the PREA portion of in-service. The auditor reviewed the searches 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 the Field Training Officer (FTO) confirmed that search procedures are reviewed as part of the OJT checklist when new officers return from the academy. LOP 23.3 LGBTI establishes that staff responsible for searches will be trained in conducting cross-gender pat down searches and that same sex staff will conduct searches as outlined unless LGBTI residents request otherwise. It further outlines that consideration of searches being conducted by different biological gender will depend on specific needs of residents, facility operational concerns, and gender expression of residents in accordance with DJJ Policy and Procedure 23.1.</p> <p>Under direction of the DOJ provided on December 2, 2025, provision (f) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor assessed and determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.</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>
--	--

<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Telephone; Policy 15.10, Rights of Youth 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; 15.10 Attachment B, Language Identification Flashcard; Observations During Site Visit; Information Obtained During Interviews.</p>

115.316(a)(b): 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. Residents who receive services for the Deaf/Hard of Hearing through Special Education or Section 504 will have access during and after school hours to assistive and adaptive technology (including TTY phone) as outlined in their Individualized Education Program (IEP) or Section 504 plan. The facility case manager (e.g., RTI Chair, Special Education teacher) will request the technology (TTY phone) through their local administrator, who will then receive the technology (TTY phone) from the Director of Special Education. Policy 13.32 states that the Department of Juvenile Justice-Georgia Preparatory Academy (DJJ-GPA) shall identify school-age students with disabilities and provide these students a free and 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 residents by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist residents 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. Policy 15.10 states that the DJJ shall prohibit discrimination based on their proficiency with the English language. To ensure effective communication with all residents at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to residents with LEP, at no cost. As needed, documents intended for residents such as handbooks, help request forms, grievance forms, etc., will be translated into Spanish. Other language translations will be made as needed. Oral communication with LEP residents will be provided by bilingual staff or through an interpreter. Each secure facility will give the LEP resident the "I Speak" Form (Attachment B) at intake to identify the language needs. The specified language proficiency of the resident 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 residents who are limited LEP, deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-resident 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 residents by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist residents 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 how to access these services for communicating with LEP residents but have never had the need to use them. The PREA posters and literature is published in English and Spanish, being the most common languages encountered; however, the Agency PREA Coordinator explained that additional translations will be made for other languages should a resident be admitted needing a language other than English or Spanish. Interviews with the facility Director and the Special Education Teacher confirmed that accommodation will be made for any resident where needed. They were both aware that agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or for translating written documents. The JDC interviewed explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking resident in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. The facility provided the Georgia Educator Certificate for the special education teacher employed by the facility. Multiple resources are available through the agency to accommodate residents with learning disabilities, who are blind or visually impaired, deaf, hard of hearing, or cognitively impaired. The documentation reviewed and interviews confirmed that all residents will receive the PREA education during intake in a method in which they understand, regardless of disability or language barriers. Residents do not have direct access to interpreter services but can easily access them by making a request to their JDC, a teacher, or any other staff they feel comfortable asking and this information is explained to residents during orientation. The agency has distributed to its facilities a Language Identification Flashcard published by the U.S. Census Bureau to assist in determining the appropriate language for 38 languages including Arabic, Armenian, Bengali, Cambodian, Chamorro, Simplified Chinese, Traditional Chinese, Croatian, Czech, Dutch, Farsi, French, German, Greek, Haitian Creole, Hindi, Hmong, Hungarian, Ilocano, Italian, Japanese, Korean, Laotian, Polish, Portuguese, Romanian, Russian, Serbian, Slovak, Spanish, Tagalog, Thai, Tongan, Ukrainian, Urdu, Vietnamese, and Yiddish.

The auditor obtained a resident roster by housing unit indicating there were eleven residents assigned on the first day of the audit, but one was out to court. Of the ten onsite, there were none with a physical disability, none who were blind/visually impaired or deaf/hearing impaired, and none identified as LEP. There were three residents with cognitive or functional disabilities, and the auditor interviewed all three. 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 "Disabled and Limited English Proficient Residents" questionnaire. The auditor confirmed during these interviews that the information provided to each resident was delivered in a manner that the resident understood. Each resident told the auditor that the information was explained to them in a one-on-one setting by the intake officer going over the zero-tolerance form and that they watched the PREA video. They also explained that the JDC covered the same PREA information

with them again. During interviews, the auditor observed that each resident had an understanding of the agency's PREA program and how to access services at the facility in writing, verbally, anonymously, and privately. The auditor's observations during the site visit and informal conversations with staff confirmed there were no residents with hearing, vision, or other physical disability or any who were unable to speak English proficiently. The PREA Compliance Manager explained that if a resident requires interpretation services they will coordinate with their JDC who would take them to a location with the appropriate phone equipment, most likely their office or the intake area, to access the interpreter services. This was also confirmed during an interview with a JDC. 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 confirmed that during delivery of the intake orientation and PREA educational material is based on each resident's ability to communicate. The intake officer explained that if the resident appears to have difficulty reading the intake material, the printed information is read in its entirety to the resident. She also indicated that there has not been a resident admitted to her knowledge during the twelve months preceding the audit that required special services during the delivery of the PREA information at intake but that if a new intake needs services she will consult with the management team to ensure the appropriate services are acquired. During the site visit the auditor observed instructions for accessing interpreter services posted in counseling, intake, control room, and medical. The auditor concluded that the agency and facility 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, in a manner that they can understand and that accommodation is made as needed to ensure full access to the PREA program.

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 resident or their 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 resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties under 115.364, or the investigation of the resident'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

	<p>department for use by staff as needed. The facility reported on the PAQ that there were no instances where resident interpreters, readers, or other resident assistants were used or needed during the twelve 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. Random staff interviews confirmed they knew how to access interpreter services should they be required, and the auditor observed the instructions for obtaining an interpreter at the intake desk and in the main control room. These interviews 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 is prohibited. Investigations staff further confirmed that an interpreter service would be used and documented in the investigative file should a resident be LEP.</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>
--	---

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 form; Contract Staff List; Volunteer List; Contractor Personnel File Audit; Milledgeville YDC Employee Detail Report; Email from Human Resources (HR) Department 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; Screenshots of completed Misconduct Questions; Observations During Site Visit; Information Obtained During 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. The policy also requires that 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 residents 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</p>

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/contractors/volunteers are sent the background check link via BCAS, candidates will be prompted (and required) to complete the PREA Pre-Employment Questionnaire questions. The form is stored electronically within BCAS and includes the following questions, "Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Have you 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; Have you been civilly or administratively adjudicated to have engaged in any sexual misconduct." 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 facility provided a list of all employees (56) and contractors (8) who have had contact with residents during the 12 months preceding the audit. The facility reported on the PAQ that there were twelve new employees hired within the twelve months preceding the audit; however, the auditor reviewed additional files of employees hired after the PAQ was closed for a total of sixteen. The auditor selected employees (25) and contractors (8) for file review. From the list of sixteen approved volunteers, the auditor selected three for file review. File reviews confirmed all employees, contractors and volunteers had a background investigation conducted before hire. Six of the employees, six contractors, and two volunteers reviewed were employed for more than five years, and documentation confirmed each had a current background check documented, concluding that the agency conducts background checks on employees, contractors, and volunteers who may have contact with residents at least every five years. Documentation of the orientation/ acknowledgement statement form for the sixteen new employees was present, and the auditor observed evidence that the misconduct questions are asked of employees and contractors at hire, at promotion, and at any other time that a new background check is conducted.

During interviews with the local HR representative, the auditor confirmed 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 which is documented on the Staff PREA Acknowledgement Statement (Attachment E). Additionally, prospective employees are screened by DHS for Child Protection Services (CPS) involvement. 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 also 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 before promoting an internal candidate. Interviews with twelve 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 residents. 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 shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with residents 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 resulting in a promotion shall have an updated criminal record check before 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's PREA Compliance Specialist. The auditor reviewed the procedure issued from the Georgia Department of Human Services confirming applicants and employees are screened for CPS involvement which was also verified during an interview with Central HR. The auditor reviewed personnel files for six staff who had previously worked in an institutional setting and who were hired

during the twelve months preceding the audit. This review confirmed that the previous institutional employer was contacted for each applicant and asked directly about any substantiated sexual abuse allegations and if the staff resigned under investigation

During interview with the local HR representative 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 before employment or services rendered. HR 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 as verified during an interview with the Business Support Analyst 1. An interview with the Volunteer Coordinator confirmed that she initiates the background check for volunteers which is completed before their approval for entry to the facility. The Agency PREA Coordinator and Director of Human Resources explained the recurring background check procedure during their interviews and provided the auditor with a memorandum from the agency's Director of Human Resources dated October 10, 2025, regarding PREA Background Checks. This memorandum explained that in 2022, the Office of Human Resources' Criminal History Unit (CHU) ran background checks for the entire agency to be in compliance with PREA standards. However, to ensure that no one was missed, CHU will restart the five-year cycle, beginning during 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 agency. All agency employees and contractors will have their background checks run every five years to ensure compliance with PREA Standards. Also, all new hires will have their background run 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. All files reviewed were compliant with the background requirements of provisions (c)(d)(e).

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

	<p>allegations of sexual abuse or sexual harassment between a current or former employee and a resident upon receiving a request from an institutional employer. During interviews with the local HR representatives the auditor confirmed that if a request is received for information on substantiated allegations regarding a prior employee, the request would be forwarded to OHR to respond. The auditor spoke with a Central HR representative, the Agency PREA Coordinator, and the Office of Investigations PREA Unit Supervisor and learned that 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 twelve months preceding the audit.</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>
--	---

115.318	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; Memorandum from Nelson to Engineering Director RE: Design Guidelines and Objectives for PREA; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Certificate of Occupancy; Milledgeville YDC Gym Renovation PREA Letter 1-26-26; Information Obtained from Interviews.</p> <p>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’s PREA Coordinator. She explained that the goal is to create an environment with high</p>

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 also provided for the auditor's review a copy of the DJJ Facility Opening Synchronization Matrix for another facility to provide documented evidence that PREA standards are considered during major physical plant modifications. The agency further demonstrated compliance during a recent major construction project at another facility. 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 informed the auditor 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 evaluated 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 worked 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). However, the facility nor the agency provided documentation that the agency considered the effect of the current project's design and modification upon the agency's ability to protect residents from sexual abuse. As a result, the facility/agency entered a 180-day corrective action period to remedy this deficiency.

Corrective Action Taken: The agency provided a memorandum, Milledgeville YDC Gym Renovation PREA Letter 1-26-26, from the Director of Engineering and Construction Services outlining detailed information about the work conducted during the renovation. Interviews with the facility Director, PREA Coordinator, and review of the memorandum further confirmed that the agency considered the effect of the design upon the agency's ability to protect residents from sexual abuse.

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

	<p>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 working. A document provided with the PAQ indicated the facility has 114 cameras. During an interview with the facility Director and review of the memorandum provided by the Director of Engineering and Construction Services, the auditor confirmed that four cameras were installed inside, and three cameras were installed and the entry during the gymnasium renovations. These new cameras were programmed and connected to the existing CCTV surveillance system. All blind spots and privacy issues were addressed at the time of installation with the intent of enhancing the agency's ability to protect residents from sexual abuse.</p> <p>A systematic review and analysis of the evidence, including evidence provided during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
--	---

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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; GBI Property and Evidence General Information; List of Medical Staff; List of Mental Health Staff; Children's Healthcare of Atlanta/Stephanie V. Blank Center Partnership Memo; CAC MOU; Director's Memorandum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Policy 23.1 establishes that the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse following Policy 22.3, Internal Investigations. These investigations follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. No other agencies investigate sexual abuse or sexual harassment allegations which occur 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, Agency 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 occur in a DJJ facility. They further explained that the agency's uniform evidence protocol is</p>

consistent with that of the Georgia Bureau of Investigations (GBI), and developmentally appropriate for youth. Interviews with twelve 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, PREA Employee Training, and PREA policy. Staff confirmed they would implement the first responder protocols if they were the first person to be made 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)(d)(e): 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. The policy further establishes that agreements with local rape crisis centers or community service providers that are able to provide residents with access to outside victim advocates for emotional support services related to sexual abuse will be secured. Any resident 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. Milledgeville YDC does not employ SAFE/SANE staff. An interview with the Health Services Senior Director confirmed that medical services partners with DJJ in providing support to sexually abused residents in their custody and for responding effectively to abuse when it occurs. DJJ offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. DJJ secure campuses are not required by federal law to have hospital agreements (MOU's). Medical services including any SANE/SAFE PREA event evaluations and treatments are covered by the EMTALA federal law. Based on interviews with the Health Services Administrator (HSA) and the Interim facility Director, there were no forensic medical exams conducted during the twelve months preceding the audit. The facility provided the comprehensive assessment information from Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team for the auditor's review. This information explains that as a CSEC Response provider for the state of Georgia, the Team provides direct services for victims in the form of assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity. The Team consists of 52 child advocacy centers and their MDT Partners across the state. Participant providers conduct forensic medical examinations by SAFE/SANE to assess a victim's health care needs, coordinate treatment of any injuries, and collect evidence for potential use during case investigation and prosecution. The agency also partners 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

spoke with a representative from the Stephanie V. Blank Center who confirmed they have an exam room at their center and provide SAFE/SANE services by trained staff to care for children and teens who are victims of sexual abuse. The Stephanie V. Blank Center is a child advocacy center that provides services in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. These services include comprehensive medical and forensic evaluations, behavioral health assessment and counseling, and medicine and distance learning. As a participant in the CSEC Network, an MOU with CHOA/ Stephanie V. Blank Center is not required to benefit from service.

An interview with the Interim facility Director, PREA Compliance Manager, HSA, and the Agency PREA Coordinator confirmed that emergency medical care and forensic medical examinations for victims of sexual abuse will be provided at The Crescent House in Macon. In the event a SAFE/SANE is unavailable at the designated CAC, the victim will be diverted to the local emergency room at Atrium Health Navicient Baldwin for emergency services or to the Stephanie V. Blank Center. Interviews with the Interim facility Director, PREA Compliance Manager, and the Agency PREA Coordinator confirmed that if a resident requests a victim advocate one will be provided by The Crescent House or the Children’s Healthcare of Atlanta/Stephanie V. Blank Center for Safe and Health Children, as appropriate. If requested by the victim, a victim advocate or a qualified agency staff member will accompany the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. The DJJ Office of Victim Services will be contacted to assist in coordinating the advocacy services. Two PREA Unit investigators confirmed during interviews that youth victims are offered an advocate prior to investigatory interviews. There were two sexual abuse allegations reported during the twelve months prior to the audit, but no youth involved required a forensic medical examination, nor did either request an advocate.

115.321(h): The agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.

115.321(f): The agency is responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations.

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

115.322(a)(b): Policy 23.1 establishes that Directors ensure that all allegations of sexual abuse or sexual harassment are referred for investigation following Policy 8.5, Special Incident Reporting. The Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in Policy 22.3, Internal Investigations. There were two allegations of sexual abuse reported during the twelve months preceding the audit. The auditor's review of these allegation files found that the referrals for investigations were clearly documented in the incident report and copies of any email notifications and subsequent correspondence were retained in the case files. The auditor's interviews with the facility Director and Chief Investigator confirmed that all sexual abuse and sexual harassment allegations reported are referred for investigation. The agency's PREA policy is published on its public website at <https://djj.georgia.gov/prison-rape-elimination-act-prea>. Interviews with the Agency Head and the Agency PREA Coordinator confirmed that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment by designated DJJ Office of Investigations PREA Unit Investigators. These investigators are required to respond immediately to allegations of sexual abuse and sexual harassment in DJJ facilities. An interview with two PREA Unit Investigators confirmed that all allegations of sexual abuse and sexual harassment are referred to their office for evaluation and investigation. If deemed to meet the criteria for a PREA case a criminal and/or administrative investigation is immediately initiated. Based on a review of the incident reports and case files, once the facility Director became aware of the incident, it was reported immediately to the PREA Unit Chief Investigator.

115.322(c)(d)(e): Policy 22.3 establishes that DJJ Office of Investigations is the investigative authority for PREA related cases involving residents in DJJ custody and under supervision. Interviews 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.

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

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

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.

115.331(a)(b)(c)(d): Policy 23.1 establishes that all staff must be able to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Staff 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 staff 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 boldly colored, large signage stating "PREA Is Good Safety & Security," posted throughout the facility as a constant reminder to staff of the 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.

The auditor selected sixteen employees who were hired within the twelve months preceding the audit and seventeen existing employees for a review of training records, and all had evidence of initial PREA training and the current year's refresher training where applicable. During interviews with twelve random staff the auditor found staff to be 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 and received the signed DJJ 23.1, Attachment E, PREA Acknowledgement form for sixteen employees whose training records were reviewed. These forms are completed and signed by all employees during their initial orientation for employment.

Under direction of the DOJ provided on December 2, 2025, provision (a) subsection (9) has been determined to conflict with Executive Order 14168, and the facility

	<p>shall not be held to this provision. The auditor determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.</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 exceeded the provisions of this standard.</p>
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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 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 for the first two modules and annual refresher training, 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. 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 following lists were requested and received prior to the site visit: Contract Staff (8) and Volunteers (16). The auditor</p>

	<p>requested and reviewed training records for all eight contractors and five active volunteers. Of the contractors and volunteers whose records were reviewed, the auditor concluded all have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response as required. The auditor reviewed a random sample of PREA Acknowledgement form Attachment C for eight contractors/volunteers.</p> <p>A systematic review and analysis of all evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeds provision (a) as employee contractors receive the same comprehensive training and annual refresher that the staff is required to take.</p>
--	--

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 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.</p> <p>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 residents, those with behavioral health issues, and residents with handicaps of disabilities. The model is designed around a core element, provided to all residents at different stages in their programming, starting at the reception process, different models address residents who are present for short stays, as well as those who may be confined for several years. Short-stay residents receive a basic PREA curriculum. Long-stay residents are provided with a more extensive PREA education. Additional issue-specific PREA resources are provided through the behavioral health clinicians for residents on their caseload, and for those who may be in several higher risk categories. A very significant element is the inclusion of PREA</p>

Motivational Interviewing assessments and several sets of PREA-specific situational confidence resources. The curriculum is designed to empower residents to make good choices, to take specific action steps, and to address more broadly the range of abuse and victimization so many of them have experienced in their lives. Policy 23.1 establishes residents 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 residents, with the staff advising residents 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 various age ranges. The materials collectively inform the residents of the agency's zero tolerance for sexual abuse and sexual harassment and the protocol for responding to such incidents. The Agency PREA Coordinator authorizes all materials used during orientation. The auditor's review of the training aids and informational literature and curriculum used to convey the PREA message to residents during intake and orientation found it comprehensive, age-appropriate, and gender specific. Each resident 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 resident's participation in the orientation, and the facility case manager documents the resident'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 residents 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 residents. 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 residents by the instructor in a classroom setting. Each resident 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.

The facility reported on the PAQ that fourteen residents were admitted during the twelve months preceding the audit and that all 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. During the Pre-Audit Phase, the auditor selected all fourteen residents for records review from the list of admissions between September 18, 2024, and July 22, 2025, and four additional residents who were at the facility during the site visit who arrived between July 23, 2025, and October 14, 2025. A review of these records concluded that each of the eighteen residents received information at time of intake about the zero-tolerance policy and how to

report incidents or suspicions of sexual abuse or sexual harassment and each resident 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 on the day of arrival.

The auditor obtained a resident roster by housing unit with eleven residents assigned on the first day of the audit. Also requested were lists of residents known to have a mental health disability, on a special education plan, those who have identified as LGBTI, residents who have been involved in a PREA incident at the facility, and residents who disclosed prior sexual victimization. The auditor also requested a list of all residents with a physical disability and any who are identified as LEP. The facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); physical disability (0); cognitive impairment (3); LEP (0); reported a PREA allegation (2); transgender/intersex (0); lesbian/gay/bisexual (0); reported prior sexual victimization during risk screening (0). One of the residents was out for court and did not return during the auditor's site visit. The auditor interviewed the remaining ten residents assigned to the facility, including three with cognitive impairment and one who reported a PREA allegation. 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 resident roster, the auditor found no evidence to contradict the targeted categories listed as none. The auditor generally takes into consideration factors such as demographics, housing units, age, and length of time at facility, and programming when selecting the random residents; however, 100% of the residents present at the facility were interviewed during this audit. 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. As a result of the resident interviews, the auditor concluded that they all received PREA education at this facility on the same day of arrival. Some of the residents had been at other DJJ facilities and received training there as well. They explained that the information provided to them at intake was discussed with 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 residents interviewed said they received PREA information from the intake officer within the first 1-2 hours of arriving at the facility. They all said they had watched the Commissioner's video in the intake area upon admission. The auditor asked each resident to explain what they had learned from the video and staff presentation of the information, 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. The residents explained that the video included information about PREA, grievances, bullying, and other information about their rights. The residents also told the auditor that they met with a counselor who also told them about PREA and watched the video again with her. All residents interviewed were able to articulate to the auditor their knowledge of the facility's prohibition of any form of sexual activities between residents, between residents

and staff, between residents and volunteers or interns and were able to give examples; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that they have a right to be free from sexual abuse and sexual harassment; they were all able to explain at least three methods available to them to report an incident of sexual abuse or sexual harassment or retaliation. The most common answers for how they would make a report were to tell an officer or call the ombudsman's office. They were also aware of the third-party reporting and knew that they could tell someone on the outside who could make the report on their behalf. Overall, the auditor concluded that they all had a good understanding of 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 agency's and facility's rules about PREA, various methods to report an incident, and what would happen if they reported an incident. They conveyed that the facility staff take PREA very seriously. Based on file reviews, interviews, and staff conversations, no special accommodation was needed for the PREA education delivery to any resident admitted during the prior twelve months. The JDC explained that the facility will provide interpreters, when needed, to assist Deaf and non-English speaking residents in the facility. Also, staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to residents with cognitive or functional disabilities which was explained 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. If residents require interpretation services they will coordinate with their JDC who take them to a location with the appropriate phone equipment to access the interpreter services. 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.

There were no new admissions for the auditor to observe the intake processes, so the intake officer performed a simulation of the process. The auditor's observations concluded that new admissions are provided with a formal orientation presentation on admission to Milledgeville YDC which includes a verbal review of the resident handbook, a Youth Prison Rape Elimination Act (PREA) Brochure, a review of all topics on the PREA Youth Acknowledgement Statement and viewing of the Commissioner's video. The Commissioner's video is an agency-produced video that reinforces the agency's zero-tolerance for sexual abuse and outlines expectations for standards of conduct. The video speaks in depth to the reporting of alleged sexual abuse, child abuse and bullying. Residents are given the opportunity to ask questions concerning the video to ensure they have a comprehensive understanding of its meaning. The PREA Youth Acknowledgement Statement covers

prohibited acts and activities, information concerning sexual abuse/harassment intervention, self-protection, reporting sexual abuse and sexual harassment methods, the right to be free from retaliation. The video is closed-caption (which was also observed by the auditor) and residents with limited reading skills or cognitive disabilities are provided one-on-one assistance as needed to understand the orientation, video presentation, and written materials which will be coordinated with the education department, as needed. After the initial orientation, the resident is seen by medical for the medical intake screening and then meets with the JDC who provides the comprehensive age-appropriate orientation to residents, which includes covering PREA educational materials. The intake officer explained during her interview that if a resident has difficulty reading the signage he will ensure that delivery of the intake orientation and PREA educational material is adjusted to ensure that it is communicated in a manner that the resident can comprehend. While presenting the PREA education information to residents, she watches for non-verbal responses and asks direct questions to address some of these observations. The intake officer indicated during the interview that there has not been a resident admitted during the twelve months preceding the audit that required special services beyond her capabilities to provide the PREA education at intake. During the site visit the auditor observed instructions for accessing interpreter services posted in the control room, counselor's office, intake, medical department, and education. The collective of all interviews confirmed that 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, in a manner that they can understand, and that accommodation is made as needed to ensure full access to the PREA program.

During an interview with a JDC the auditor confirmed that the counselor's portion of the orientation is always completed on the date of arrival unless the resident enters the facility after regular business hours, in which case the counselor meets with them the next business day. During the orientation, the JDC meets with the resident one-on-one in their office and covers some of the same PREA information discussed during the initial intake, and ensures that the resident understands the information covered in the Commissioner's Video. The JDC reads/explains the following topics: prohibition of any form of sexual activities between resident, between resident and staff, between resident and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the resident has a right to be free from sexual abuse and sexual harassment; methods that resident 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, resident 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. The agency publishes the Student Handbook in English and Spanish and the agency PREA Coordinator explained that it can be translated into other languages upon request. At the end of the orientation, residents are asked to sign the orientation form which also notes that they received comprehensive PREA training, and the JDC notates the completion of the comprehensive training in JTS database.

115.333(c): This provision is no longer relevant.

115.333(d): Policy 23.1 establishes that education staff will provide residents 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 residents who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-resident interpreters. The facility had no LEP resident assigned during the site visit, nor during the twelve months preceding the audit; therefore, the auditor did not test the facility's access to interpretation services. The auditor reviewed the contracts for services with Ad Astra, Lionbridge, Interpreters Unlimited, LanguageLine Solutions, LATN, and Translation Station. The auditor has utilized DJJ contracted services at other DJJ facilities where they were needed to conduct interviews and found that they work directly from an open phone line. The contact information for the interpreter services was found in the main control room, medical department, and JDCs offices. The auditor confirmed during interviews with the facility Director, medical staff, JDCs, mental health counselors, education staff, and the facility Director that residents would be provided with an interpreter if needed, whether they ask for it or not and these communications are documented in the resident's file notes. The facility Director and Special Education Teacher explained that if the facility receives a resident who is not proficient in the English language, 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. Residents 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. Residents 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. Interviews with the facility Director and the Special Education Teacher confirmed that accommodation will be made for any resident 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 residents received the intake education in a method in which they understand, regardless of disability or language barriers. During an interview, the JDC explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking residents in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters

are available, if needed. The facility provided the Georgia Educator Certificate for the special education teacher employed by the facility and who confirmed during her interview the procedures that would be used to deliver the PREA comprehensive education to a resident who is LEP, blind or visually impaired, deaf, hard of hearing, or cognitively impaired. 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, in a manner that they can understand, and that accommodation is made as needed to ensure full access to the PREA program.

115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to residents 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 residents 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 placed 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 it can be easily read/accessed by all residents 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 are 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 residents verified that signage is visible throughout the facility on a regular basis, and not just because of the audit.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds provision (b) as residents receive comprehensive PREA training within 24 hours but no later than 72 hours of arrival, and the standard allows ten days for delivery.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	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 Bulletin; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DOJ PREA Auditor Letter - Office of Investigations PREA Unit Staff; 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 Georgia Department of Juvenile Justice, Office of Investigations, has a PREA Investigative Unit to investigate DJJ PREA allegations statewide. The team is made up of four investigators (currently one vacancy), a supervisor, and a chief investigator. 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. There were two PREA allegations reported during the twelve months preceding the audit. All allegations were investigated by an investigator assigned to 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. The PREA Unit Chief also explained to the auditor that occasionally, investigators from other units or regions may assist the PREA Unit with conducting sexual abuse investigations. To ensure that these investigators have met the training requirement, the Office of Investigations Director has instructed all Chief Investigators and supervisors to verify that their investigators completed the required training for conducting Sexual Abuse Investigations in Confinement Settings. Additionally, moving forward, the PREA Unit Chief Investigator or Field Supervisor will ensure the training requirement has been met by the assisting investigator(s), prior to the case assignment, by physically verifying the investigator's training record. No investigator will be used to conduct PREA

	<p>investigations who has not received the mandatory specialized training.</p> <p>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.</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 exceeded provision (b).</p>
--	--

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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.</p> <p>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 has seven medical and mental health staff who regularly work at the facility, and the auditor requested training records for all. Based on the training records and certificates provided, the auditor concluded that all seven completed the medical and mental health specialized training as well as the required basic PREA training and were current with their annual refresher training. Interviews with medical (2) and mental health (1) staff confirmed they were knowledgeable in detecting and assessing signs of sexual</p>

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

115.341 Obtaining information from residents	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<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>115.341(a)(b)(c)(d): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a resident's arrival to a facility, the PREA Compliance Manager will obtain and use information about each resident'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 resident's vulnerability to victimization. When a resident is admitted to a secure facility, the resident 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 resident'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 residents are afforded a single-occupancy room. The facility indicated on the PAQ that twenty residents entered the facility within the past twelve months, whose length of stay in the facility was for 72 hours or more, and all were screened for risk of sexual</p>

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 residents 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 residents. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each resident 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 resident vulnerability assessments will be conducted and documented by generating the PSR. Policy 23.1 also establishes that the resident's information will be ascertained through conversations with the resident during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the resident's files or JTS. Information from the screening and other resources is populated into the resident'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 resident's perception of vulnerability; and any other specific information about the individual resident that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other residents.

Prior to the site visit, the auditor was provided with a list of residents who were admitted to the facility between September 18, 2024, through July 22, 2025, and the auditor randomly selected all fourteen residents from this list. During the site visit, four additional residents were selected who had arrived between July 23, 2025, through October 14, 2025. Of the eighteen records reviewed, all PSRs were completed within 72 hours (15 within 24 hours, 2 within 48 hours, and 1 within 72). 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 and the auditor's 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.

Interviews with ten 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 residents told the auditor that these interviews were conducted privately without

anyone else being able to hear their responses. Responses collected during risk screening by the intake clerk and medical staff is entered into the system. This information gets calculated in with information collected during the Custody and Housing Assessment to determine a resident's risk level. A Custody and Housing Assessment is completed on every resident before assigning housing location. The final review of the PSR is conducted by the PREA Compliance Manager. An interview with the Agency PREA Coordinator and facility Director also found that information is entered into the system at each level of interview and during assessments conducted upon the resident's arrival to a facility, to include information obtained from reviewing court records, case files, and behavior records, which collectively produces the PSR and subsequently determines the resident's risk for sexual vulnerability or aggressiveness. 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 residents are assessed upon arrival, even if they have been at the facility prior or if they are transferring in from another DJJ facility. The auditor reviewed thirty-six Custody and Housing Assessments during the file reviews that confirmed 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.

Note: Under direction of the DOJ provided on December 2, 2025, provision (c) subpart (2) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.

115.341(e): Policy 23.1 establishes that the facility will control the dissemination of the residents' 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 concluded that the facility and agency have demonstrated compliance with all provisions of this standard. Based on 84% of assessments being completed within 24 hours, the facility has exceeded provision (a).

115.342	Placement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed: Policy 8.1, Security Management; Policy 8.8, Use of Isolation; 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; PSR; Custody and Housing Assessments; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; 23.3 Attachment A, Transgender/ Intersex Declaration; PREA Screening Report Training Guide, May 2024; Milledgeville YDC Custody and Housing Plan; Case Files; Observations During Site Visit; Information Obtained During Interviews.

115.342(a): Policy 23.1 establishes that the PREA Compliance Manager will disseminate the PSR results to the facility management team on a need-to-know basis. The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy 17.3 mandates a Housing Assessment for all residents before room assignment. This assessment determines the suitable housing placement within the facility for both initial and ongoing evaluations. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each resident upon admission and then again every 90 days or more often when required. The auditor reviewed 57 PSRs, 47 Custody and Housing Assessments, and progress notes for residents randomly selected by the auditor, confirming that the facility conducts the initial assessment and reassessment at least every 90 days and any time a special incident report is generated involving the resident. An interview with the Interim facility Director and PREA Compliance Manager confirmed implementation of a system that ensures that staff members working directly with the residents are informed of the status of at-risk residents or those posing a risk to others. The PREA Compliance Manager reviews the PSR for each resident admitted to the facility and ensures that the residents have been properly housed and that any referrals needed have been made. The facility treatment team members continually review the resident's adjustment within the facility. Information from these reviews helps assign housing, beds, programs, and work to ensure resident safety from sexual abuse. The detailed information gathered is solely used for evaluating the resident's risk in relation to management and security decisions and is not disclosed to line staff.

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. The risk level can be adjusted during the resident's Custody & Housing Assessment, based on new information or every 90 days, considering any additional data provided and the resident's behavior in the institution. The auditor reviewed notes from the resident 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

housing and programming decisions use the information from these assessments.

115.342(b)(h)(i): Policy 23.1 establishes that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. If a resident is separated for safety reasons, the facility must document the basis for the concern; the reason(s) why no alternative means of separation can be arranged; and conduct a weekly review to determine if there is a need for continued separation from the general population. Policy 8.8 governs the use of isolation for residents. Before placing a resident in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. The facility reported on the PAQ that no residents at risk of sexual victimization were placed in isolation. This was confirmed by the Interim facility Director and Regional Administrator during their interviews. As there were no residents placed in isolation for sexual safety purposes, no documentation was available for review. Any resident placed in isolation continues to receive education and program services, and small muscle activities 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 resident in isolation status, regardless of the reason. A review of the two case files verified that residents were not placed in isolation following a report of sexual abuse or sexual harassment.

115.342(c)(d)(e)(f): Policy 23.1 establishes that each resident in a secure facility will be housed based on their custody and housing assessment. Custody and housing assignments are not based solely on the resident'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 resident. Residents who identify as LGBTI are not assigned specific housing, beds, or other placements solely based on their identification or status. Furthermore, the facility does not consider LGBTI identification or status as a factor for increased risk of sexual abuse. Policy 23.1 also establishes that when assigning a transgender or intersex resident to a male or female facility, staff considers on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Such placements and programming assignments are reassessed monthly, or sooner if necessary, by the PREA Compliance Manager and the facility leadership team in consultation with the resident's treatment team to review any threats to safety experienced by the resident. Serious consideration is given to the resident's views concerning their safety. Policy 23.3 requires that if a resident identifies as LGBTI, the SOGIE Assessment (23.3 Attachment B) must be completed within two hours to assist with custody and housing assessment. The policy mandates that transgender or intersex residents complete the Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) to guide housing and management decisions.

Policy 23.1 directs that changes in a resident's housing placement should not be

based solely on the gender identity but on the resident's safety and well-being. All reviews of housing decisions are recorded in JTS. There were no residents at the facility within the prior twelve months who identified as transgender or intersex. Since policy requires that transgender or intersex residents 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 agency 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 Interim facility Director, PREA Compliance Manager, and Agency PREA Coordinator. Interviews with the Agency PREA Coordinator, agency's Classification Director, facility Director, PREA Compliance Manager, JDC, and medical and mental health staff confirmed that each resident is assessed individually and given a treatment plan that considers all information available to staff and the resident'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 resident identifies as transgender or intersex, she would notify the Interim facility Director and PREA Compliance Manager immediately for guidance on appropriate initial housing for the resident. Interviews with the Interim facility Director and PREA Compliance Manager confirmed that medical and mental health staff would be consulted, and the central office Victim Services office would be contacted for additional guidance.

Note: Under direction of the DOJ provided on December 2, 2025, provisions (c)(d)(e)(f) have been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.

115.342(g): Policy 23.3 establishes that staff will provide transgender residents with safety and privacy when using the shower and bathroom and when dressing and undressing. Transgender or intersex residents will not shower or undress in front of other residents. Interviews with twelve random staff confirmed that transgender/ intersex residents will be allowed to shower separately upon request. All residents are afforded privacy during showers and while changing clothes.

Note: Under direction of the DOJ provided on December 2, 2025, provision (g) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded based on the frequency required for completion of the Housing & Custody Assessment for all residents at least every 90 days.

115.351	Resident reporting
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1474 873">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 and Manual; Consular and Trade Offices Contact Poster published by Georgia State Government; Milledgeville YDC 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; Statement 115.351 Civil Immigration; Case Files; PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="280 913 1417 1070">Evidence Reviewed During the Corrective Action Period: Memorandum of Understand (MOU) GA DJJ and GA State Board of Pardons and Paroles (PAP); CAP Memorandum/Procedures for Outside Reporting Line; External Reporting Line Signage; Test Call Placed; Information Obtained from Interviews.</p> <p data-bbox="280 1111 1474 1854">115.351(a)(b): The DJJ provides multiple internal ways for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is private, secure, and easily understood. Residents 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 or guardian, chaplain or minister, facility PREA Compliance Manager, or any trusted adult; writing to the DJJ Ombudsman Office or using the designated speed dial number from a unit phone. The auditor observed signage 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 and in the resident handbook. DJJ provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency including the National Sexual Abuse Hotline (1-800-656-4673) or dial #2 on unit phone; 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.</p> <p data-bbox="280 1895 1436 2051">Policy 23.1 establishes that the facility shall give residents mailing addresses and telephone numbers for agencies providing immigrant services for those detained solely for civil immigration purposes and enable reasonable communication between residents and the organizations as confidentially as possible. The facility</p>

maintains a copy of the U.S. Department of State Consular Notification and Access book as part of the civil immigration resources. 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. The agency does not detain youth solely for civil immigration purposes and the interim facility Director provided a statement that there were no residents detained solely for civil immigration purposes during the twelve months preceding the audit at the facility.

There were no allegations related to PREA reported to the Ombudsman's office, one complaint reported to the Tip Line (non-PREA), and no allegations reported to Victim Services Office during the audit period. 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; however, the residents must enter their PIN to make a direct call which is not anonymous. Residents 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. Voice prompts are accessible through the housing unit phone system. 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 #4 for the Ombudsman and spoke with representatives who explained that if a report is received in this manner 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, Agency PREA Coordinator, and the Office of Investigations PREA Unit. The Ombudsman's Office provided an email confirming the successful test call. The Interim 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 locked boxes labeled for Grievances, Mail and Help Requests in the main corridor and housing units. The auditor called speed-dial #2 for the PREA reporting line and reached the National Sexual Assault Hotline (RAIN) and found that they will provide confidential 24/7 support, but the counselor stated they are not a reporting agency. The agency does not provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials allowing the resident to remain anonymous upon request. The Agency PREA Coordinator provided documentation that the agency is working with the GA PAP to implement a reporting procedure that will be compliant with provision (b) requirements. The facility was found out of compliance and entered a 180-day corrective action period to implement a system for reporting that will meet the requirements of provision (b).

Corrective Action Taken: The agency entered an MOU with the GA PAP to provide a way for DJJ residents to report sexual abuse or sexual harassment to an entity of office that is not part of DJJ and that can receive and immediately forward resident

reports of sexual abuse and sexual harassment to DJJ officials, allowing the resident to remain anonymous upon request. The PREA Coordinator provided the auditor with the procedures developed for handling calls received through this reporting method. Calls placed to 404-656-6872 bypass the automated victim services system, rings all phones during working hours, and accepts voicemails after hours. The after-hours voicemail message provides the verbal disclosure that their team provides during a live call which is, "You've reached the Georgia Office of Victim Services. We are a separate agency from the Department of Juvenile Justice. We are mandated reporters and are legally required to document and forward any information provided to the PREA Investigations Unit of the DJJ. If we determine there is a clear and immediate risk of serious physical injury or death, we must disclose those details immediately. You have a right to remain anonymous, unless there is a life-threatening emergency." Reports received are then forwarded to DJJ on a designated form. Reports will also be received by this office by mail and handled in the same manner as the telephone reports. Notification will be made to the Office of Investigations PREA Unit, Agency PREA Coordinator. The Agency PREA Coordinator also provided signage that has been distributed to all facilities statewide to inform residents and staff about the residents' right to report, how to report, and information about the victim support services. The telephone number and mailing address of the GA PAP Office of Victim Services is listed. Additionally, the facility provided confirmation of a test call placed from the facility to PAP using the system. The auditor concluded that the agency has completed the corrective action and has now provided at least one way for residents to report abuse or harassment to a public office that is not part of the agency and that is able to receive and immediately forward resident complaints of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request and is now compliant with provision (b).

During interviews with ten 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 submit 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. Interviews with twelve random staff found that they are also aware of the various methods that residents can make a private report of sexual abuse or sexual harassment, and were aware that they were to accept a verbal, written, anonymous, or a third-party report.

115.351(c)(d): Policy 23.1 establishes that all Facilities/Programs/Offices shall comply with DJJ 8.5 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 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

	<p>incident includes a situation alleging any PREA-related incident, including allegations of sexual harassment and retaliation. Random staff interviews confirmed that they would accept reports made verbally, in writing, anonymously, and from third parties and that they will promptly document any report with an SIR. The auditor's review of Policy 15.4 and interviews with twelve staff and ten residents, and personal observations of property in residents' rooms during the site visit confirmed that residents can possess writing utensils and have access to paper, envelopes, and postage. There was one resident interview during the site visit who had reported sexual abuse at the facility during the twelve months preceding the audit. He explained that he made a complaint to his family during a phone call which was reviewed by investigations. He stated an investigator came to the facility a few days afterwards and he was told that the investigation was unfounded. The auditor reviewed the two case files and confirmed that once the allegations came to the attention of staff they were promptly reported verbally according to the facility procedure and documented in a written report.</p> <p>115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online, the Intelligent Tip Line Form, or a third-party private reporting methods 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. These methods are also found on the agency's intranet homepage. Interviews with twelve 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 or sexual harassment of residents by reporting to the Tip Line or going directly to the Office of Investigations PREA Unit Chief. An email from the Office of Investigations indicated that there were no third-party reports of sexual abuse or sexual harassment received through the Tips Line for Milledgeville YDC during the twelve 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>
--	---

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 15.2, Grievance Process; Policy 23.1, PREA; Grievance Log; Case Files, Student Handbook English and Spanish; Observations During Site Visit; Information Obtained from Interviews.

	<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 resident for filing a grievance alleging sexual abuse unless the facility demonstrates that the resident 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 Agency 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. When an allegation of sexual abuse or sexual harassment is received on a grievance, it is immediately reported to the PREA Compliance Manager and Assistant Director of Programs who will ensure it is sent to the Office of Investigations PREA Unit. During an interview with the Interim facility Director and the Grievance Coordinator the auditor confirmed that any allegation reported using a grievance form would immediately be referred to the Office of Investigations PREA Unit Chief Investigator according to the established PREA investigative protocols. There were no grievances received during the twelve months preceding the audit regarding sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency are compliant with this standard through exemption.</p>
--	--

<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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; The Crescent House Flyer; Office of Victim Services Brochure; Student Handbook (English & Spanish); Onsite</p>

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 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, and for residents detained solely for civil immigration purposes, immigrant services agencies. During orientation, staff inform residents about the monitoring of their communications. The facility allows reasonable communication between the residents and these organizations in as confidential manner as possible. Upon arrival at each DJJ facility, residents are advised that while in DJJ facilities, they are under constant supervision by staff and other electronic equipment. DJJ informs residents at intake that by law, they must report any abuse allegations, regardless of whether the incident occurred in a DJJ facility or outside the system. The facility provided a sample of signed DJJ Attachment 23.1F, Consent to Disclose Protected & Confidential PREA Related Information for 18 residents admitted during the twelve months prior to the audit and selected by the auditor for review. The facility reported no residents have requested outside victim advocacy. There was one resident at the facility during the site visit who had reported sexual abuse. During his interview with the auditor, the resident explained that he was aware of the advocacy service and said he was told about it by his counselor and the investigator when interviewed. Interviews with ten residents 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 residents 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 resident admitted to the facility. They explained that this form explains to the resident 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 resident, they are required to sign and date the form. During the site inspection the auditor observed contact information for advocacy resources available to residents. 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 a component of the CHOA Hospital and 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 residents. 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. Residents can easily read and access this flyer. The signage language is clear, easy to understand, and at an appropriate reading level for the residents housed at the facility. 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 residents to access and information from the Consular and Trade Offices Contact list published by Georgia. The agency does not detain youth solely for civil immigration process. The facility provided a flyer with the local community service provider, Crescent House, which will provide advocacy and counseling services to residents who are victims of sexual abuse, offer consultation on issues or situations where the expertise of CAC would be beneficial. Both the Interim facility Director and PREA Compliance Manager confirmed that victims may receive services from The Crescent House CAC in Macon or the Stephanie V. Blank Center and that they 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. Residents may contact RAINN using the housing unit phones and dialing speed dial-2 where they can reach an emotional support counselor. Interviews with ten residents confirmed that they were told about these services during intake and aware of the notices posted in the facility. Each youth interviewed understood that reporting abuse or harassment is mandatory, regardless of who they told. During interviews, youth 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 speed dial 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 residents. This observation was confirmed through a review of relevant policies and interviews with both residents 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.

	<p>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 and The Crescent House are both participating members to this agreement.</p> <p>115.353(d): The facility provides residents 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 ten residents verified that they are allowed to meet in person or talk with legal representatives without being monitored. All residents explained that they can talk or visit with family members/friends and their Probation Officer without restriction. They understand that visits and phone conversations made from the housing unit phones are recorded and monitored.</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>
--	---

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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.</p> <p>115.354(a): Policy 23.1 establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligent Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling</p>

	<p>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 no Tip Line calls related to PREA during the audit period. 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 twelve 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 residents, 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 residents 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.</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>
--	---

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

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 twelve 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 two allegations reported during the twelve months preceding the audit. One complaint was unfounded. The other case was unsubstantiated but was reported as required to CPS.

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 resident 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 resident'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. 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 documentation where residents reported prior sexual victimization during the intake process confirmed that the appropriate notification was made according to the state's mandatory reporting laws. Interviews with twelve 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 must 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. Interview with the Interim facility Director confirmed that when the facility receives an allegation of sexual abuse or sexual harassment, regardless of the method received (including third-party and anonymous), the Interim facility Director (or the designated ADO) will notify the Regional Administrator and the Office of Investigations immediately. The parent or guardian is notified, unless the resident is under the guardianship of the State or Juvenile Court, and notification would be made to the resident's respective DFCS caseworker or the resident'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 twelve random staff confirmed 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 violated 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. Medical and mental health staff interviewed indicated that they disclose the limitations of confidentiality and their duty to report abuse during medical intake and at the initiation of services. The Consent to Disclose Protected & Confidential PREA Related Information is reviewed with each resident upon admission during intake, which is then signed and maintained in the resident's file. The auditor observed that these documents were signed on the resident's date of arrival during the review of fourteen resident files.

115.361(f): All allegations of sexual abuse on DJJ property, in DJJ custody, or a residential program contracted by DJJ, including third-party and anonymous reports, must be reported to and will be criminally and/or administratively investigated by the DJJ Office of Investigations. An interview with the Interim facility Director confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to the Office of Investigations PREA Unit Chief.

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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; Custody & Housing Reports (115.341/342); Observations During Site Visit; Information Obtained from Interviews.

115.362(a): Policy 8.7 establishes that the DJJ ensures that all residents have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that residents who make such notifications are protected by utilizing the least restrictive alternative and that the situation is addressed as soon as possible. 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 Interim facility Director, Regional Administrator, PREA Compliance Manager, medical and mental health staff, and security supervisors further confirmed there were no incidents in the twelve months preceding the audit where it was determined a resident was a substantial risk of imminent sexual abuse, and no residents were placed on a safety plan for risk of sexual victimization. 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 resident 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 resident. 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 resident, will determine if there should be changes in housing, treatment, and services, or if a move to another facility is appropriate. The Interim facility Director explained that a notification of imminent threat will immediately be made to the Regional Administrator with a request for transfer to another facility if the resident cannot be housed safely at the facility. The resident 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 twelve random staff interviewed explained that they would separate the resident 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.

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

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 23.1; Case Files; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a resident 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 resident was abused while confined at another facility, which was also corroborated during the auditor's interviews with the Interim facility Director, PREA Compliance Manager, and the PREA Unit Chief Investigator.</p> <p>115.363(d): The agency policy requires that allegations received from other agencies or facilities are investigated following the PREA standards. The facility indicated that no allegations were received from other facilities claiming sexual abuse or sexual harassment occurred at this facility. Interviews with the Agency Head, Agency PREA Coordinator, and Interim facility Director 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 agency have demonstrated compliance with all provisions of this standard.</p>

<p>115.364</p>	<p>Staff first responder duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>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; Case Files and SIRs; Milledgeville YDC Coordinated Response Plan; Staff First Responder Cards; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.364(a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the resident 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</p>

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 twelve 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 two allegations reported during the twelve months preceding the audit, and the auditor confirmed that staff actions were appropriate in each case. There were no allegations that required collection of physical evidence other than video footage.

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>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; Milledgeville YDC 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</p>

	<p>Members. The auditor reviewed the most recently updated Sexual Abuse Coordinated Team Response form and found it was reviewed and acknowledged by six individual members of the team on March 3, 2025. During interviews with the Interim facility Director, 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 two cases investigated and closed during the twelve months preceding the audit, and the auditor’s review of the related incident reports and case files confirmed that the facility used a coordinated response to the extent required by the 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>
--	---

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

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 23.1; 23.1 Attachment L, PREA Retaliation Monitoring

	<p>Sheet; Incident Reports and Case Files; Observations During Site Visit; Information Obtained from 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 residents 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 resident’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 continue beyond the required minimum of 90 days if there is a reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. The resident being monitored signs the form during the meeting with the staff member at the time of contact. The Interim facility Director has delegated the primary retaliation monitoring duties to the Assistant Director for Programs. An interview with the Retaliation Monitor confirmed that when a resident is being monitored for retaliation, the resident's conduct is monitored as well as their treatment. Items and activities monitored include disciplinary reports or 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 generally the designated staff at each facility responsible for monitoring retaliation; if local staff cannot conduct the monitoring, the Agency 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 residents will be removed and investigated. There were two allegations reported during the twelve months preceding the audit. One case was closed as unsubstantiated, and the other was unfounded. Case file reviews found that retaliation monitoring was completed for both cases where required.</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>
--	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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;

	<p>Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. If a resident 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 before placing a resident on isolation, every least-restrictive measure has been considered. Any time a resident has been placed in isolation, staff must notify the Approving Authority within 30 minutes of placement. The Approving Authority must then authorize placement of the resident 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 twelve months preceding the audit. Interviews with the Regional Administrator, Interim facility Director, Assistant Directors, PREA Compliance Manager, counselors, and random security staff confirmed that the facility does not place residents in segregated housing if they allege a sexual abuse incident has occurred. Interviews with medical and mental health staff confirmed that residents placed on isolation status for any reason receive daily visits. An interview with the Interim facility Director and various staff from security, education, counseling, medical, and mental health confirmed that residents 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 two case files and corresponding incident reports confirmed that residents who alleged sexual abuse or sexual harassment 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>
--	---

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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.

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 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 resident departed the facility during the investigation.

115.371(b): All investigators assigned to the DJJ PREA Investigations Unit have received 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. There were two sexual abuse allegations reported during the twelve months preceding the audit. The auditor's review of these case files confirmed the investigations were prompt, objective, and thorough. To ensure investigators have met the training requirement, the Office of Investigations Director has instructed all Chief Investigators and supervisors to verify that their investigators completed the required training for conducting Sexual Abuse Investigations in Confinement Settings. The PREA Unit Chief Investigator or Field Supervisor will ensure the training requirement has been met by the assisting investigator(s), before the case assignment, by physically verifying the investigator's training record. No investigator will be used to conduct PREA investigations who has not received the mandatory specialized training.

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 resident 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 resident 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. This interview further confirmed that neither of the two investigations concluded during the prior twelve months preceding the audit supported sufficient evidence to present 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 substantiated 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 two case files 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 two allegations investigated during the twelve months preceding the audit, and both

	<p>were reviewed by the auditor. 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.</p> <p>115.371(j): The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, 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.</p> <p>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.</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>
--	--

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. The facility had two PREA allegations investigated during the twelve months preceding the audit. The auditor's review of these 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</p>

115.373	Reporting to residents
----------------	-------------------------------

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policy 23.1, PREA; 23.1 Attachment I, Resident Notification of Investigative Outcome; Case Files; Information Obtained from Interviews.

115.373(a)(e): Policy 23.1 establishes that the Office of Victim Services will inform the resident 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 resident. An interview with the facility Director, 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 two allegations investigated during the twelve months preceding the audit. Review of the case files confirmed the residents were notified of the result of the investigation as required.

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

115.373(c)(d)(f): The 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.

A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded due to agency policy requiring written notification to residents upon closure of sexual harassment cases.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 3.80, Employee Progressive Discipline; Policy 23.1, PREA; Case Files; Information Obtained from 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 licensing bodies unless the activity was clearly not criminal. Interviews with the Agency Head, Agency PREA Coordinator, Investigators, and the Interim facility Director confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly. There were two sexual abuse allegations investigated at this facility during the 12 months preceding the audit. One case was unsubstantiated and the other unfounded. No staff received discipline for violating PREA policies during the 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>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 14.3, Citizen and Volunteer Involvement; Policy 23.1, PREA; Case Files; Information Obtained from Interviews.</p> <p>115.377(a)(b): Policy 23.1 establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following 14.3, Citizen and Volunteer Involvement, the facility will take appropriate remedial measures and</p>

	<p>consider whether to prohibit further contact with youth. The facility reported on the PAQ that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents during the twelve months preceding the audit, which was confirmed during the auditor’s review of two case files. Interviews with the Agency Head, Agency PREA Coordinator, Investigators, and facility Interim 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>
--	--

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<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; Director's Accountability Statement; Information Obtained from Interviews.</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that residents will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Interventions like treatment, counseling, education, or disciplinary action aim to improve resident behavior and ensure the safety of others. Pre-adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers resident for criminal prosecution when appropriate. The facility does not permit disciplinary action against a resident who reports sexual abuse in good faith based on a reasonable belief that the alleged incident occurred, even if the investigation does not yield sufficient evidence to support the allegation. The facility offers counseling services for residents with sexually abusive behavior, and these are not tied to any rewards-based behavior management system to access treatment. There were no allegations of sexual abuse against a resident during the twelve months preceding the audit. An interview with the mental health counselor confirmed the facility would offer counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Residents are not required to participate as a condition of accessing services.</p> <p>115.378(b): Policy 8.8 governs the use of isolation for residents. Before placing a resident in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Residents placed in isolation status will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place. Medical services staff shall be notified immediately when a resident requires isolation. Notification</p>

	<p>will include a verbal assessment of the resident to medical services staff. Behavioral health and medical staff will evaluate the resident for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation progress note. An interview with the facility Director and various staff from security, education, counseling, medical, and mental health confirmed that residents placed in isolation receive daily large-muscle exercise, access to education, daily visits from 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 resident 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 resident 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 a mental health counselor 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. This was confirmed during an interview with the Agency Head, Agency PREA Coordinator, and facility Director. There were no incidents during the twelve months preceding the audit where a resident was disciplined for sexual conduct with a staff.</p> <p>115.378(g): The agency prohibits consensual sexual behavior between residents. The facility provided the Behavioral Infractions Grid, which is used to apply disciplinary sanctions for residents who violate facility policies and rules. In addition, interviews with ten residents confirmed that sexual contact of any kind is prohibited. There were no incidents during the twelve months preceding the audit where residents were disciplined for consensual sexual behavior.</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>
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds 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;</p>

Consent to Disclose Protected & Confidential PREA Information forms; Behavioral Health Evaluations (BHE); Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.

115.381(a)(b): Each resident 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 resident 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 resident receives a referral for medical and mental health services within 72 hours of the screening. Staff must address the resident's prior sexual victimization and document the resident's response in the JTS notes. The auditor interviewed the intake officer and confirmed when a screening indicates that a resident has experienced prior sexual victimization or perpetration, the facility Director and medical are 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 resident will be seen 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 residents admitted are seen by medical staff within two hours of arrival, and when a youth discloses prior victimization the healthcare staff makes a referral to the appropriate mental health practitioner, as deemed appropriate. The practitioner will meet with the resident within 72 hours for an evaluation. The facility provided the auditor with the mental health evaluation for one resident who disclosed prior sexual victimization during the risk screening. There were no residents admitted to the facility during the site visit who disclosed prior sexual victimization during the risk screening.

115.381(c)(d): If a resident 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. The dissemination of information ensures that sensitive information collected from residents is not exploited by staff or another resident. In interviews with the Interim facility Director, the intake officer, mental health staff, 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. 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

	<p>electronic database is password-protected, and only authorized staff have access to the information obtained during screening. Intake staff confirmed during interviews that they have the resident 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 resident 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 resident is over the age of 18 they may decline consent to release this information. The auditor observed a signed Consent to Disclose Protected and Confidential Information form in the files for 14 residents selected for document review. Additionally, medical and mental health staff explained that they review the limitations of confidentiality with each resident prior to providing services.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. Additionally, the facility and agency exceed provisions (a)(b) by ensuring residents disclosing prior sexual victimization are seen by a QMHP within 72 hours and the standard requires within 14 days.</p>
--	--

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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</p>

	<p>medical aspects of the evaluation were completed. Youth who are alleged victims of sexual assault 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. Emergency medical care and forensic medical examinations for victims of sexual abuse will be provided at The Crescent House in Macon; emergency medical care can be provided locally at Atrium Health Navicent Baldwin. Sexually transmitted infections 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. An interview with the Interim facility Director, statewide Medical Director, HSA, and an RN confirmed any youth who has experienced sexual abuse/ assault will receive timely access to emergency medical treatment and crisis intervention services. Additional information provided during the interview with the HSA confirmed that youth would be offered information and access to sexually transmitted infections prophylaxis at the local hospital, then the facility will provide follow-up treatments according to the physician's orders. These services will be provided timely and consistent with professionally accepted standards of care. No youth received emergency medical treatment resulting from a sexual abuse incident within the twelve months preceding the audit. Interviews with twelve random staff confirmed they were knowledgeable of their first responder duties and knew what steps to take to protect a victim of sexual abuse and to preserve evidence. The auditor observed a copy of the medical coordinated response plan in the medical department for easy access when needed for reference.</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>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policy 2.10, Payment of Youth Medical Expenses; Policy 23.1, PREA; Policy 23.2, Sexual Assault; Practitioner Credentials; Case File; Observations During Site Visit; Information Obtained from Interviews.

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 residents who have been victimized by sexual abuse (inside or outside the facility). Any resident 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 resident 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 resident'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 the 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 residents at a standard comparable to community service levels; additionally, when necessary, they will make referrals for continued care after the resident leaves the facility.

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. However, this facility houses only male residents.

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.

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 residents at a standard comparable to community service levels. This time frame exceeds the 60-day requirement of this standard. In addition, interviews with mental health staff confirmed that a behavioral health evaluation would be conducted with a known abuser within 24 hours of being notified, which is above and beyond the requirements of this provision. There were no resident-on-

	<p>resident cases substantiated during the twelve months preceding 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. Additionally, the facility and agency have exceeded provision (h) requiring behavioral health evaluations to be conducted with a known abuser within 24 hours of being notified.</p>
--	---

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; Milledgeville RYDC Coordinated Response (23.1 Attachment M); 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 process allows for input from line supervisors, investigators, and medical or mental health practitioners. 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 forwarded to the Regional Administrator. The facility had two allegations of sexual abuse investigated during the twelve months preceding the audit. Of the abuse cases, one was unsubstantiated, and one was unfounded. The auditor's review of the case files confirmed an incident review was conducted in accordance with agency policy and standard 115.386 for the case required. The auditor interviewed the PREA Compliance Manager, facility Interim Director, and three incident review team members who explained the incident review process and who were aware that an incident review is required for substantiated and unsubstantiated cases at the conclusion of every sexual abuse investigation within ten days of notification that the case has been closed. 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. The Incident Review Team is comprised of members from the Sexual Abuse Response Team indicated in the facility's Coordinated Response Plan and is inclusive of upper-level management officials, line supervisors,</p>

	<p>investigators, medical practitioners, and mental health practitioners. An interview with the Interim facility Director and Regional Administrator confirmed that recommendations made by the review team would be implemented when appropriate and feasible; if these recommendations are not implemented the report will be documented explaining why. The auditor’s review of the incident reviews found there were no recommendations made by the review team for implementation.</p> <p>Under direction of the DOJ provided on December 2, 2025, provision (d) subsection (1) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. The auditor determined the provision to be compliant during the Post-Audit Period which was prior to the notification; therefore, the compliance discussion portion of this narrative was included in the Interim and Final Report.</p> <p>A systematic review and analysis of the evidence concluded that the agency demonstrated compliance with all provisions of this standard and exceeded provision (b) by agency policy requiring the review to be completed within ten days of the facility’s notification that the investigation has been closed and completing incident reviews for sexual harassment cases.</p>
--	---

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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, Policy 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 SSV reports from 2022 and the most recent PREA Annual Report (2023) confirming compliance with the requirements of this standard. An interview with the Agency 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 as required. The yearly comparison report is</p>

	<p>included each year in the annual report dating back to FY2013. The Agency PREA Coordinator explained data from the previous calendar year is submitted to the DOJ upon receipt of the SSV-5 as required and by the established deadline.</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; 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 (2023) 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 Agency 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</p>

	agency demonstrated compliance with all provisions of this standard.
--	--

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; 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 chain of command 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>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: DJJ Website; PREA Audit Reports; 2025 PREA Audit Schedule;

	<p>Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): The Agency 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 March 9, 2023, with a final report issued on April 19, 2023. The prior audit report was viewed at https://djj.georgia.gov/prea-reports. The agency PREA Coordinator 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 5).</p> <p>115.401(h): During the site visit, the auditor was allowed access to all areas of the 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 and to review documentation while onsite. Staff and resident interviews were held in the administrative conference room. All interviews were conducted privately.</p>
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Public Website; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed during a search of the agency's public website and an interview with the Agency 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>A systematic review and analysis of the evidence concluded that 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.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	

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

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

(e)		
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

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

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	Resident reporting	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	na

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352	Exhaustion of administrative remedies	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	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	na

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378	Interventions and disciplinary sanctions for residents	

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

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

	115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or	yes

	<p>has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	
--	--	--