

# PREA Facility Audit Report: Final

**Name of Facility:** Savannah Regional Youth Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/02/2024

**Date Final Report Submitted:** 10/29/2024

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"/>
<b>Auditor Full Name as Signed:</b> Sharon R. Shaver	<b>Date of Signature:</b> 10/29/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	04/08/2024
<b>End Date of On-Site Audit:</b>	04/09/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Savannah Regional Youth Detention Center
<b>Facility physical address:</b>	191 Carl Griffin Drive, Savannah, Georgia - 31405
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Isaac Hale
<b>Email Address:</b>	isaac.hale@djj.state.ga.us
<b>Telephone Number:</b>	912-652-3878

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Isaac Hale
<b>Email Address:</b>	isaac.hale@djj.state.ga.us
<b>Telephone Number:</b>	912-652-3878

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Shelley Morin
<b>Email Address:</b>	shelley.morin@djj.state.ga.us
<b>Telephone Number:</b>	912-651-2558

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	106
<b>Current population of facility:</b>	69
<b>Average daily population for the past 12 months:</b>	42
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	12-19 years old
<b>Facility security levels/resident custody levels:</b>	All
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	64
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Shawanda Reynolds-Cobb
<b>Email Address:</b>	shawandareynoldscobb@djj.state.ga.us
<b>Telephone Number:</b>	404-508-7200

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Latera Davis	<b>Email Address:</b>	lateradavis@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:

6

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.312 - Contracting with other entities for the confinement of residents
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations

### Number of standards met:

37

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-08
2. End date of the onsite portion of the audit:	2024-04-09

#### 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; Helen's Haven

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	106
15. Average daily population for the past 12 months:	42
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	63
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	20
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>60</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>2</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>4</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>8</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <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 checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected youth that met any target categories and identified their current housing assignment. Then selected additional youth from each of the housing units taking into consideration factors such as age, race, ethnicity, and length of time in the facility.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>Due to the high number of youth with cognitive and learning disabilities at the facility during the audit, several of the random interviews also met the targeted category but were counted as random not targeted.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>9</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>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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).</b></p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>6</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the auditor saw no evidence to indicate any youth was placed in isolation/segregation for risk of sexual abuse.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditor oversampled youth with cognitive disabilities to offset there being no residents who had a physical disability, were placed in isolation/segregated housing for being at high risk for victimization, or who were limited English proficient. Additionally, some youth qualified for multiple targeted categories.</p>

<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	The auditor conducted some of the random staff interviews by telephone in order to speak with staff who were on a different rotation and not present during the days of the onsite.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	26
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Grievance Clerk; Special Education Teacher; Ombudsman Office Manager; Regional Administrator; Central Office Classification Supervisor; Medical Managing Director; Victim Services Director; PREA Specialist.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2



<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" 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 type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
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<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The Savannah Regional Youth Detention Center (RYDC) was audited by Sharon Ray Shaver, Certified DOJ PREA Auditor for juvenile facilities on April 8-9, 2024.

Savannah RYDC is located at 191 Carl Griffin Drive Savannah, GA 31405. The facility has a 106-bed capacity with 56 male and 7 female youth residents assigned during the site visit. The facility provides temporary, secure care and supervision to youth between the ages of 12-19 who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement from Chatham, Effingham and McIntosh Counties. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility. The Auditor conducted a complete facility inspection consisting of the administrative area and offices, chow hall, kitchen, control room, health services, five housing units, school, programming area, inside and outside recreation areas and intake. The facility had 164 cameras at the time of the audit. These cameras supplement direct supervision practices and are located every area of the facility where youth have access with the exception of showers and restrooms. The Auditor observed placement and views for these cameras confirmed that none allowed viewing of youth in areas where they may be undressed, showering, or using the restroom. There are two observation cells containing cameras for use by mental health. The Auditor's observation of the camera locations and positioning and observations during the site inspection found that there are no viewing obstructions, and no areas were identified that did not allow direct line of site either by staff viewing or camera viewing. Cameras are monitored by the main control room officer. Additionally, the facility Director and Assistant Director have access to view these cameras from their office computers which allows them to monitor and spot check critical areas throughout the day and night.

The Auditor's site visit included observations of staff line of sight, blind spots, areas where youth are not allowed, indirect supervision practices, including camera placement and viewing. The Auditor observed some issues with the direct line of sight as some of the windows were covered to obstruct views which was addressed through corrective action. "No Youth Access" areas were controlled through restricted key access and these doors were observable by camera views; no residents are allowed in the administrative area, laundry, or kitchen. The Auditor had informal conversations with the control room officer during the site inspection and discussed while observing the various camera views, the functionality of the cameras, and how determinations are made for facility and internal area movement through various access points. The Auditor tested the phones in all five units and found the phone active and working. The phone allows the user to enter their identification number for a call to approved parties on their telephone list, or they may listen to the additional prompts for speed dial access. Speed dialed numbers do not require the entry of the youth's identification number to place a call. The Auditor placed test calls to the Office of Victim's Services, Ombudsman's Office and to the RAINN Hotline using the speed dial numbers without the requirement to enter an access pin. All youth interviewed corroborated that the telephones are and have been in working order. The conversations also confirmed that if the phones become inoperable, once reported, service is promptly restored. The Auditor toured all areas of the facility and held informal conversations with staff and youth during the site inspection and learned that the facility is perceived as a safe place to live and work. The facility was clean and in good repair. The Auditor observed professional and engaging interaction between staff and youth. The interim report was published on June 2, 2024, at which time the facility exceeded 3

standards, 115.312,115.333, and 115.334; met 27 standards; and was out of compliance with 13 standards, 115.311, 115.313, 115.315, 115.317, 115.332, 115.341, 115.361, 115.362, 115.364, 115.376, 115.378, 115.382, 115.386. The Auditor worked closely with the agency's PREA Specialist and facility staff to develop the Corrective Action Plan (CAP). The facility provided documentation throughout the corrective action period of implementation of the CAP, and the Auditor conducted a follow-up visit to the facility on October 22-23, 2024. During the follow-up visit a sample of formal interviews were conducted, but the Auditor focused more on informal conversations and observations while visiting with staff and youth inside the facility participating in daily operational activities. Additionally, the Auditor placed another test call to the RAINN, Victim Services, and Ombudsman using the speed dial on a randomly selected dayroom phone. All calls were able to be completed successfully and did not require entering a PIN. The corrective action period ended early on October 23, 2024. After careful review and analysis of the evidence provided and the observations noted during the follow-up visit in October, the Auditor concluded that the facility demonstrated compliance with all standards found non-compliant during the initial audit and exceeded 6 standards 115.311, 115.312, 115.331, 115.332, 115.333, 115,334.

### 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.

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

Yes

No

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

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 PREA Specialist, along with a list of additional information to have prepared for day one of the audit which included shift rosters, employee lists, and youth housing lists. Documentation reviewed while onsite was flagged for the PREA Compliance Manager (PCM) 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. Below is a list of the Georgia Department of Juvenile Justice (DJJ) policies that were reviewed toward making compliance determinations. All documentation requested by the auditor before, during, and after the audit was provided promptly. Throughout the report the auditor references the policies by number only; the auditor listed each policy referenced below including the policy title. All other documentation reviewed is noted in the individual standards sections and referenced in the narratives.

- 1.2 Organization Chart
- 2.10 Youth Medical Expenses
- 2.16 Contracts Administration
- 3.52 Background Investigations
- 3.80 Employee Progressive Discipline
- 4.2 New Employee on the Job Training
- 4.5 Staff Training Requirements
- 7.6 Video Monitoring Systems
- 7.10 Building & Equipment Maintenance
- 8.1 Security Management
- 8.15 Video Cameras
- 8.2 Administrative Duty Officer
- 8.20 Room Checks
- 8.22 Searches and Contraband Control
- 8.5 Special Incident Reporting
- 8.8 Use of Isolation
- 11.1 Medical Intake Screening
- 11.2 Nurse Health Appraisal and Physical

Examination  
 11.30 Infection Control  
 12.10 Mental Health Screening  
 12.11 Mental Health Assessment  
 13.32 Special Education Services  
 14.3 Citizen and Volunteer Involvement  
 15.10 Language Assistance Services  
 15.11 Request for Services  
 15.2 Grievance Process  
 15.3 Youth Access to Court and Counsel  
 15.5 Youth Visitation  
 15.6 Access to Mail  
 15.7 Access to Telephone  
 15.9 Ombudsman  
 17.1 Admission to a Secure Facility  
 17.3 Custody and Housing Assessment  
 18.4 Work Activities for Youth  
 22.3 Internal Investigations  
 23.1 Prison Rape Elimination Act  
 23.2 Sexual Assault  
 23.3 LGBTI  
 Student Handbook

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	6	0	6	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	7	0	7	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	3	2
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	0	1	4	2

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	7
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>6</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual harassment allegations reported within the audit period.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no sexual harassment allegations reported during the audit period. Note that the auditor reviewed 4 additional cases that were reported after the audit for purposes of CAP compliance review but are not included in questions 98-114 because they were outside the audit period. These numbers are not included in the overall totals within the report narratives within related investigative standards except to mention where they were reviewed for the CAP compliance evaluation.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></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>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 1.2, 23.1,23.2; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Division of Professional Development (PREA); Facility Organizational Chart; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Progress Notes for All Youth at Facility 08/29/2024-09/01/2024; Progress Notes for All Youth at Facility on 10/21/2024; Refresher Included in Staff Meeting June 27, 2024 with Roster; Key Terms and Definitions; Security Information on PREA Flyer; Juvenile Detention Centers Struggle With Transgender Inmates Article; Email from Director to all Staff; Memorandum Deputy Commissioner Re: Provisions A and C; Memorandum Director Approval of Movies;</p> <p>115.311(a): The Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The DJJ strictly prohibits any form of sexual activities involving youth with other</p>

youth and youth with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice (DOJ). The auditor's review of the policy conclude that the agency 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, Latera Davis, who is a Deputy Commissioner, who oversees the Division of Professional Development and Standards. She is a direct report to the Agency Head, Commissioner Shawanda Reynolds-Cobb. Based on an interview with the 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 employs support staff and directs designated facility Compliance Managers in the agency's compliance efforts. Interactions occur through verbal, written, and electronic communications and through routine meetings. If there are issues with complying with a PREA standard, the PREA Coordinator will consult the Agency's Executive Leadership, policy managers and facility staff to resolve concerns. Regular and on-going communication is held with the PREA Coordinator's office and field staff for support and compliance assessments. The auditor reviewed PowerPoint presentations, agendas, and training documentation as evidence that the PREA Coordinator's office regularly meets with the PREA Compliance Managers (PCM) to keep them current with PREA matters. The agency's allocation of statewide PREA staff to support the field exceeds the requirements of this standard.

115.311(c): The facility has designated a PREA Compliance Manager (PCM), Assistant Director of Programs (ADP), Thomas Hall. A review of the facility's organizational chart found that the PCM reports directly to the facility Director. During the site visit and during the ADP/PCM interview the auditor learned that the ADP is currently and has been the Interim Director since September 2023 and is covering both the facility Director's duties as well as the ADP/PCM duties. The facility's Assistant Director of Security position and the Captain position are both vacant as well and have been for several months. These positions are critical to maintaining proper oversight of facility operations and providing a safe and secure facility for staff and residents. The auditor's site review observations confirmed that the Interim Director/ADP/PCM is attempting to manage too many critical functions at the facility and does not have adequate time to invest in efforts to comply with the PREA standards. The auditor's site visit and interviews with staff and residents found the facility culture lacks appropriate commitment to the agency's PREA program to be effective and staff lacked cohesiveness as a team; residents felt like they had to protect themselves from other residents. The agency's zero-tolerance policy includes creating an environment that is free from sexually explicit material. During the inspection, youth were observed watching a movie with inappropriate sexual



content with all lights out in a classroom during school hours being supervised by an officer. Additionally, youth interviews conveyed that the youth feel they have to defend themselves from other youth; youth viewed the facility more as a “prison/ jail” environment and collectively did not believe that staff could protect them. A review of the supplemental document "PREA dorm meetings with admin and JDC," dated 2/12/24 states "Youth were told to report if they are being bullied." which indicates that residents have addressed bullying concerns with staff. As a result, of these findings, the facility will enter a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility must provide adequate management staff to supervise critical operations at the facility to increase safety and security at the facility; implement and institutionalize a zero-tolerance culture and environment that is free from inappropriate sexual material that is free from sexual abuse and sexual harassment; implement and institutionalize a reporting culture that builds appropriate resident to staff relationships and instills confidence in the youth to report sexual abuse, sexual harassment, bullying, staff misconduct and lack of response to carry out assigned duties.

Corrective Action Taken: The facility Interim Director directed staff to hold dorm meetings in all housing units between August 29, 2024, through September 1, 2024, refreshing all youth on how to report PREA and the zero-tolerance policy. Copies of the Youth Progress Notes Communication (Random Sample 50) was provided to the auditor as evidence that these refresher training events were held. A second facility-wide dorm meeting was held in all housing units on October 21, 2024, covering the same topics (Random Sample 16). The facility Interim Director incorporated PREA education refreshers with all staff at the June staff meeting and shift briefings. The facility Interim Director also began pushing out general PREA information to staff via email periodically to include Key Terms and Definitions, Sexual Bullying, Juvenile Detention Centers Struggle with Transgender Inmates Article, Security Information on PREA, and DJJ 23.1 PREA Policy. To address the requirement to provide adequate management staff to supervise critical operations at the facility to increase safety and security the agency onboarded the following higher level leadership staff: Director Isaac Hale, hired 09/16/2024; Assistant Director of Security Michael Smith, hired 04/16/2024; Captain Miariam Floyd, hired 07/16/2024. On 10/16/2024, Deputy Commissioner/Agency PREA Coordinator Latera Davis conducted a training session with the ADP/PCM, and Director Hale on the PREA Compliance Manager's duties. The topics covered were from GA DJJ Policy 23.1 PREA. To address the issue of youth being allowed to observe watching movies with inappropriate sexual content the new Facility Director issued a memorandum to all staff referencing Policy 15.4, Viewing, Listening, and Reading Materials which included a new procedure for obtaining prior approval from the facility Director before movies are shown. Additionally, the facility had a PREA Consultant visit the facility in October 2024, who conducted 17 youth interviews reporting out that youth were aware of the zero-tolerance for sexual abuse and harassment, understood the various methods for reporting and indicated that they believed staff would take a report of sexual abuse and handle it appropriately. The auditor conducted a follow-up audit inspection of the facility October 22-23, 2024, held conversations with random staff and youth during the visit. The auditor also conducted specialized interviews with the Regional

	<p>Medical Administrator (filling in for the vacant HSA), Captain, PCM, Lead JDC, Special Education Teacher, Human Resources Tech, Regional Administrator (RA) and facility Director. The auditor observed marked improvement in the overall facility culture, staff morale, and youth demeanor and feelings of safety. Staff and youth conveyed feeling safe and openly talked with the auditor about all the information that has been pushed out related to PREA over the last few months. Additionally, the facility continues officer recruitment efforts using off-cycle hiring and staff incentives in these efforts. It was evident there was more security staff presence during the visit, and the current leadership structure has allowed staff to have more job focus under a unified direction. The auditor observed a refreshed dedication to PREA compliance and concluded that these efforts will take higher priority within the daily operations of the facility.</p> <p>Based on the review and analysis of the stated evidence, included evidence collected during the corrective action period, the facility and agency have demonstrated compliance with provisions (a)(c) of this standard. The agency's allocation of statewide PREA staff to support the field exceeds the requirements of this standard.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 2.16; Policy 20.1; Policy 20.24; Policy 23.1; DJJ Unannounced Virtual Audit Tool for Four Seasons, Chenault Youth Services, Right Path Oasis Group Home, Inc., and Living Our Lives; 2023 PREA Audit Four Seasons; 2023 PREA Audit Living Our Lives; RBWO Services Contracts: Right Path Oasis Group Home, Living Our Lives Community Living, anchor of Home House, Gentle Loving Care, Four Seasons of Love Youth Home; PREA Audit Report and Pamphlets for Four Seasons of Love Youth Home, LLC; Gentle Loving Care Center; Anchor of Hope House, LLC; Right Path Oasis Group Home, LLC; Living Our Lives Community Living LLC DBA LOL; 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</p>

	<p>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 into or renewed (43) contracts for the confinement of residents since the last PREA audit. The Auditor's review of (6) contracts provided, (2) PREA Audit Final Reports; and (6) DJJ Unannounced Virtual Audit Reports confirmed that the contractor must fully adopt and comply with PREA standards as a condition of maintaining a contract with DJJ for housing youth in their custody. 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 PREA Coordinator confirmed that DJJ contractors must commit to self-monitoring requirements and understand that the Department will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any contractor that fails to comply with Prison Rape Elimination Act (PREA), including PREA Standards and DJJ Department Policies will result in termination of the contract. Community Residential Providers who have 51% or more DJJ residents will be subject to Department of Justice (DOJ) audits. Community Residential Providers are responsible for contracting with DOJ Certified Auditors to conduct an independent audit with assistance of the Agency-wide PREA Coordinator at least once each audit cycle.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. The agency exceeds based on the multi-level approach to monitoring compliance with contract facilities.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 7.6, 8.1, 8.2, 8.20, 23.1, and 23.2; 23.1 Attachment A; Secure Facility Staffing Reports; 2022 &amp; 2023 Staffing Plan Review; Facility Staffing Report; Deviations Documentation; Restricted Area List; Unannounced PREA Rounds Logs; CCTV Logs and Locations; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Memo Deputy Commissioner; Photographs Showing Unobstructed Views into Classrooms (9); Auditor's Observations During Follow-up Site Visit; Memo Leadership RE: Window Coverings; Dorm Meeting Minutes February 12, 2024; PREA Rounds April 2024-August 2024</p>

(20) and PREA Rounds September 2024-October 2027 (4); Photograph of Barbershop and Cosmetology Doors (4); Purchase Order for Keys; Savannah RYDC Staffing CAP; Interviews.

115.313(a)(b)(c)(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 provided the written staffing plan with (94) being the average daily number of residents on which the staffing plan was predicated. 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. 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) located on the DJJ website. The facility provided staffing plan reviews for the current year and previous year, with the last review being completed in November 2023. These reviews indicated review and approval of the PREA Coordinator. An interview with the PREA Coordinator confirmed that she is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility. The annual reviews are conducted on the Facility Annual Staffing Report, Policy 23.1, Attachment A. This form indicates that the reviewing parties consider all required elements of provision (b) during the annual review.

During interviews with the facility Interim Director/PCM and Regional Administrator the auditor confirmed the facility staffing plan is established at the agency level with input from the facility Directors and Regional Administrators. The annual reviews are conducted at the facility level to ensure that adequate staffing levels exist to protect residents against sexual abuse are considered in this plan to include and needs for video monitoring. These interviews included their knowledge of the required elements for consideration when conducting the annual staffing plan reviews. Both stated that staffing issues are reviewed on a daily/weekly basis through shift reports and meetings with Human Resources (HR) staff. The facility indicated on the PAQ and during the site visit confirmed by the facility Interim Director that there were no deviations from the staffing plan in the last 12 months and that any unforeseen circumstances or deviations from the staffing plan would be documented. Additionally, an interview with the Regional Administrator confirmed that deviations from the staffing plan are documented daily into the Secure Facility Staffing Report System. However, the auditor's review of the Secure Facility Staffing Reports provided (January 2023-December 2023) did not corroborate this information. Of the (36) sample reports reviewed, (24) indicated the required ratios were made, (3) were out of compliance, and (9) were incomplete or appeared to be inaccurate. None of the reports indicated any documented explanation of non-compliance what was initiated to resolve the ratio issue. The

sample of reports reviewed indicated a 66.7% compliance rate with the required staff to resident ratio. As a result, the facility was found non-compliant with provisions (b)(c). The facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility was required to develop and implement plans to 1) have enough higher-level staff presence with youth; 2) appropriately staff the facility to have adequate supervision; and 3) document staffing in the designated database for reporting purposes as well as documenting and justifying deviations from the staffing plan.

Corrective Action Taken (b)(c): To address the requirement to provide more higher-level staff presence with youth, the agency onboarded candidates for the following higher level leadership positions that were vacant at the time of the audit site visit: Director, hired 09/16/2024; Assistant Director of Security, hired 04/16/2024; Captain, hired 07/16/2024. The auditor conducted a follow-up visit at the facility on October 22-23, 2024, and through interviews learned that the facility continues officer recruitment efforts using off-cycle hiring and staff incentives in these efforts. Through the auditor's personal observation, there was a significant increase in security staff presence during the follow-up visit as compared to the initial audit site visit. During the corrective action period it was determined that there was an agency-wide issue with the way facility staff had been entering data into the SFS reporting system which was skewing the numbers and creating non-compliant ratios on the SFS reports. After an interview with the Agency's PREA Specialist the auditor learned that she conducted specialized training for this facility in August on utilization of the SFS system to ensure consistency and accuracy for reporting daily facility staffing. The facility provided SFS Reports for April 2024, through October 20, 2024. These reports reflected staffing compliance percentages of April, 93.33%; May, 75.81%; June, 66.67%; July, 67.74%; August, 83.87%; September, 91.67%; October (partial), 75%. While the facility continues to struggle with staffing, the reports reviewed were complete and clearly documented justifications when the staffing plan was not followed. The auditor spoke with the RA during the follow-up site visit and was also provided with a recap of the discussion related to staffing. The RA explained that Savannah RYDC has a total of 45 positions, 27 are currently filled and there are 18 vacancies. All leadership positions have been filled. Presently the RA, Captain, and ADs are working a post to cover each day as well as split shift staff to ensure staffing needs are met. Staffing needs are addressed daily among the security leadership to stratify needs based on increased populations due to agency caps. The facility continues to utilize off-cycle hiring for critical position within the facility; continues using standby overtime for security to ensure adequate numbers; and solicits assistance from Waycross RYDC to cover night shift until further notice. Ratios are monitored daily by leadership based on population numbers and staffing circumstances. Any changes in population must be reported immediately to Captain who will report to the ADS a plan of action to rectify any coverage issues and if a plan of action cannot be implemented the facility will reach out to RA for direction. The RA will contact other facilities for support, calling in support from other departments within the agency. The ADO and other facility leadership will report to the facility to help fill voids when needed. If all measures are exhausted, then the RA will also report to assist the facility. The facility hosted or

participated in Job Fairs in August and September. The facility has recently interviewed two Law Enforcement Officers to work on a part-time basis to offer relief to full-time employees. The Administrative Team meets with HR weekly and discusses the status of applications; how many potential applicants, stages of processing and how long the applicant has been in the processing stage; review return dates for staff that are on leave; closely reviewing request for leave ensuring the leave approval will not affect ratios; review and schedule interviews and background checks in conjunction with the RA daily. Daily interviews are being conducted Monday-Friday from 9-4pm. The RA has increased site-visits to Savannah RYDC more frequently for added support. RA actively works with local HR to get all critical security positions posted. The facility and agency have satisfied the CAP and demonstrated compliance with provisions (b)(c).

Common agency strategies to offset staff shortages are through the use of JDCs, Teachers, and Recreation staff who attend and pass PREA Ratio Training; use of call-in procedures; and use of holdover procedures. The facility provided a list of (6) staff who have completed this training. The Agency Head and the PREA Coordinator explained during their interviews that the agency has developed and implemented a specialized training curriculum, PREA Ratio Training, for designated non-security staff that provides sufficient training to assist with youth supervision during the limited times when the ratios cannot be met by security personnel. These occasions are intended to be temporary until security staff staffing needs are met through call-ins, holdovers, or assistance from other facilities. This training includes ACT Basic Escape and Evasion; Crisis Intervention, and Verbal Judo Basic.

The auditor observed staff presence and patterns for all shifts, in programming, education, and other areas. During the site visit, the auditor observed minimal staff presence in areas where youth were present in the housing units during waking hours, which did not seem to align with the designated staffing plan. The auditor's site visit included observations of staff line of sight, blind spots, areas where youth are not allowed, indirect supervision practices, including camera placement and viewing. The auditor reviewed the restricted area list and identified these areas during the site visit. These doors contained signage indicating youth are not allowed in these areas; however, there were (2) areas displaying signs that were clearly areas where youth are allowed entry. The auditor observed camera views for unauthorized areas and found that these areas are monitored by cameras. The auditor observed multiple camera views from the control room and found no areas that were not adequately covered by cameras.

During the site visit youth cell windows were found covered, windows were covered in education, and doors were found unsecured in medical and education. Also of note, general sanitation on the housing units and in the youth's cells indicated inadequate staff presence to ensure a safe/sanitized environment. A review of the supplemental document "PREA dorm meetings with admin and JDC," dated February 12, 2024, which stated that "windows can be covered for personal needs; bathroom, changing of clothes, then removed when need is complete." This practice may meet the PREA standards as long as the window coverings are placed for brief periods to allow youth to use the restroom or change clothes but should be removed as soon

as no longer needed. As a result, the facility was found out of compliance with provision (a) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to issue a directive stating that window coverings are not permitted for extended periods of time and should be only for brief periods and should not obstruct the full view; and documentation indicating all staff have been advised of and are required to enforce the procedure; ensure keys are issued to staff who require access to their work areas, or provide a secure way to allow access; and ensure doors with locks are kept secured when not in use; remove all signage stating "No Youth Allowed" on areas that are clearly youth accessible.

Corrective Action Taken: The facility Interim Director issued a memorandum on July 10, 2024, to all staff that the covering of windows is not permitted at the Savannah RYDC for any reason. This includes classrooms, counselor's offices, and cell windows. The youth must be able to be seen when in these areas. Youth can cover the cell windows halfway for a brief time when using the rest room only. An acknowledgement sheet with signatures was obtained from staff. The auditor conducted a follow-up inspection on October 22-23, 2024, and found all windows in classrooms, offices, and housing units to be free from obstruction. On February 12, 2024, counseling staff held dorm meetings facility-wide and discussed the following topics: zero tolerance for bullying, no covering of room window, proper facility dress, consequences for infractions, how and to whom to report incidents of bullying. During the initial audit the facility covered the "no youth authorized" signs on the barbershop and cosmetology shop doors as a temporary measure. The facility removed the "no youth authorized" signs from the barbershop and cosmetology shop doors and provided a photograph as evidence. Additionally, the auditor observed these two doors during the follow-up site visit. The facility provided Purchase Order 46100-044-0000257340 dated 8/07/2024 as evidence that a large key order was placed to replace all broken keys within the facility. Also, interviews with random staff confirmed that inoperable keys are now replaced in a timely manner and all employees have access to keys in their work areas as assigned. During the follow-up site visit the auditor observed all doors were secured when not in use.

115.313(e): Policies 23.1 and 8.2 require an Administrative Duty Officer (ADO) or facility Director to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted after 12:30 am and no later than 4:30 am per month. Staff is prohibited from alerting other staff of such rounds. Staff members cannot conduct unannounced rounds during his/her assigned shifts. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA audits. The unannounced PREA rounds logbook, or documentation is maintained in the main control room at all times for audits and PREA investigators' review. The auditor reviewed (49) Attachment B forms verifying that unannounced are consistently conducted. The auditor observed the facility Interim Director/PCM is covering the duties of the facility Director, APS, APM, and PCM. All documentation

	<p>reviewed was signed off by the facility Interim Director indicating there were no other higher-level staff assisting with supervision duties. The auditor observed there are not enough higher-level staff presence with youth to instill a safe environment. As a result, the facility was found out of compliance with provision (e) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to have enough higher-level staff presence who participate in making unannounced rounds.</p> <p><u>Corrective Action Taken:</u> The agency onboarded candidates for the following higher level leadership positions that were vacant at the time of the audit site visit: Director, hired 09/16/2024; Assistant Director of Security, hired 04/16/2024; Captain, hired 07/16/2024. The auditor reviewed (27) completed Unannounced PREA Rounds forms documenting rounds between April 2024-October 2024. These documents indicated that the ADP/PCM is no longer the only management team member conducting unannounced rounds. Interviews were conducted with the Facility Director, ADS, ADP, Captain and all confirmed there is a rotation in place for making unannounced rounds. The facility has satisfied the CAP requirements and is now compliance with provision (e).</p> <p>Based on the review and analysis of the evidence provided, including evidence reviewed during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 4.5, 7.6, 8.22, 23.1 and 23.3; 23.1 Attachment C; 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; Post Orders Showers; Cross-gender and Transgender Pat Search Training Curricula and Video; Guidance on cross-gender and transgender searches; Completed cross-gender search documentation of transgender youth; Basic Juvenile Correctional Officer Training (BJCOT) Certificates; Information Observed During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Procedures for Intercept Tek84 Body Scanner; Policy DJJ 8.22, Searches and Contraband Control. Follow-up Site Visit; Interviews.</p> <p>115.315(a)(b)(c)(d)(e): Policy 23.1 states that youth in DJJ custody are not subject to discrimination based on race, religion, national origin, gender, sexual orientation, disability, or political views. Staff members of the opposite gender must announce</p>



their presence when entering a youth housing unit. Youth access will not be restricted to regularly available programming or other out-of-cell opportunities to comply with PREA provisions. No staff will search or physically examine a transgender or intersex youth to determine the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff. The facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22 establishes that cross-gender pat-down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. 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 facility indicated on the PAQ that no cross-gender strip searches and (4) cross-gender pat searches were conducted. Documentation of these searches was provided for review and the auditor determined all (4) searches involved (4) strip searches and (2) pat searches of (1) transgender resident and each form documented the resident requested being searched by a female. During the site visit the auditor interviewed (1) trans-female youth who explained she is searched by female officers, that searches are professional and respectful, and that she was not searched for the sole purpose of identifying her sex. The intake officer completed an opposite gender search form for the pat and strip search conducted during intake. The auditor reviewed the 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; 23.3 Attachment B, SOGIE Assessment completed for this youth. The auditor requested the 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; for the youth who was previously housed at the facility which was provided for review. These searches were documented as opposite gender searches because agency Policy 8.22 establishes that searches will be conducted by "same sex" rather than same gender.

Interviews with (8) random staff and (3) supervisors confirmed that only exigent circumstances or transgender requested (approved on a case-by-case basis) would result in a cross-gender strip searches and only in exigent circumstances would result in visual body cavity searches. The auditor interviewed (17) youth who confirmed that they have always been searched (both pat and strip) by same gender staff. These interviews further confirmed their 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. The facility houses both male and female residents so male and female staff have an obligation to announce their presence when entering an opposite-gender resident housing area or any area where residents shower, change clothes, or perform bodily functions. Youth interviews verified that they could shower, use the toilet, and change clothes without being viewed by opposite gender staff. Several youth mentioned that they do not like anyone (particularly other youth) being able to look

into the window of their cell while they use the restroom. They stated they are never naked in full view of non-medical, cross-gender staff. There was (1) transgender youth at the facility during the site visit to interview who stated there are no issues with being allowed to shower separately since everyone on the dorm showers alone.

During the site review, the auditor observed areas used to conduct strip searches and assessed whether opposite-gender staff can watch the conduct of a strip search absent exigent circumstances. The auditor observed that searches are obstructed from view by others. The auditor reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed. This was also confirmed through informal conversations with staff. During the site visit, the auditor observed opposite-gender announcements being made when entering a living unit, the shower area, and the medical unit. Informal conversations with residents confirmed that opposite-gender staff announce their presence when entering the specified areas. The facility has a body scanner that is utilized in lieu of strip searches or in tandem with a strip search. The auditor inquired if the scanner was operated by same gender staff when used and was told no. Based on the detail of the body scan providing outlines of breasts, buttocks, or genitalia, cross-gender use of these technologies by non-medical staff would not comply with the PREA standards, unless used with privacy filters that can blur body contours. If used by cross-gender staff during exigent circumstances without the appropriate filters, the search must be documented under standard 115.15(c). These scans should be conducted by same gender staff. Body scanners are intended to be a less invasive form of search than strip searches but do not replace the requirement for same gender searches. The facility explained that the scanner is currently not being used because more staff have to be trained on the scanner operation. However, the facility should have procedures in place ensure to ensure opposite-gender scans are in compliance with requirements of this standard. As a result, the facility was found out of compliance with provision (a) and the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to develop a procedure that follows the opposite gender requirements of this standard when the body scanner is in use which includes documenting the scans accordingly when staff of opposite gender conduct a body scan.

Corrective Action Taken: During the auditor's follow-up site visit the facility Director explained that the body scanner is back in use due to staff receiving the required training on how to operate the scanner. He also provided written procedures for Intercept Tek84 Body Scanner which included instructions that the use of the body scanner will be consistent with the agency's visual and pat search procedures identified in DJJ 8.22 Searches and Contraband Control. These procedures are posted in the intake area near the body scanner. The facility has satisfied the CAP and is now compliant with provision (a).

115.315(f): Policy 23.1 states that DJJ staff responsible for searches will be trained in conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. The gender of the staff member searching

	<p>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. The auditor reviewed the training for Cross-Gender and Transgender Pat Searches Slides; Cross-Gender Pat Search Training Video; Limits to Cross-Gender Viewing and Searches Training; Guidance on Cross-gender and Transgender Searches Facilitator Guide and found the content to adequately train staff on procedures for conducting proper searches. The facility indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs and this was verified by the auditor's review of the cross-gender searches staff training roster. Interviews with (8) random staff and (2) supervisors confirmed that staff received this training during their initial basic training at the academy and were knowledgeable of the policy as well as local procedures for searching youth, including transgender and intersex youth. This module is a part of the overall JCO training received at the academy which is completed prior to graduation and certification as an officer and were confirmed by a sample of BJCO certificates of completion.</p> <p>Based on the review and analysis of the stated evidence, included evidence reviewed during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 13.32, 15.7, and 15.10; List of Special Education Teachers; Intake Flyer (English/Spanish); PREA Posters and Handouts (English/Spanish); DJJ Website Translations; Email Deaf Hard of Hearing ACA; MOU/Contract with Interpreters Unlimited; Ad Astra; and Lionsbridge; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a): Policy 15.7 requires each facility to be equipped with a telecommunication system that facilitates the transmission of messages, volume control, and the effective communication of juveniles and other parties with speech and hearing impairments. Youth who receive services for the Deaf/Hard of Hearing 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</p>

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 Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist youth with disabilities during the delivery of 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.

115.316(b): Policy 15.10 states that the DJJ shall prohibit discrimination based on limited English proficiency. To ensure effective communication with all youth at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to youth with limited English proficiency. Language assistance services will be free to youth with limited English proficiency (LEP). As needed, documents intended for youth (e.g., youth handbooks, help request forms, grievance forms, etc.) will be translated into Spanish. Other translations may be developed as needed. Oral communication with LEP youth will be provided by bilingual staff or through an interpreter. Each secure facility will give the youth with LEP the "I Speak" Form (Attachment B) at intake to identify the youth's language needs. The youth's specified language of proficiency will be documented in the Juvenile Tracking System. The facility's PREA intake posters are available in English and Spanish. Accommodation will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. The facility will use Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develop guidelines that will assist youth who are LEP during the delivery of PREA information. The procedures should include but are not limited to the following: Staff responsible for services; Processes for accessing services to include weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. The Department's website has translation services via Google translation in seven languages. The auditor reviewed the contracts with DJJ and Ad Astra, Lionsbridge, and Interpreters Unlimited for Translation, Interpretation and Sign Language Solutions. The auditor found that the services provided are consistent with requirements of this standard. The facility provided the auditor with the teaching certificate for the Special Education Teacher.

An interview with the Agency Head confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She also spoke about the procedures in place to ensure meaningful and full access to the agency's sexual safety efforts and resources. An interview with the intake officer revealed that she delivers the initial PREA information to youth upon arrival and explained that she makes every effort to ensure that the information is delivered in an appropriate manner so that youth understand. She stated she has not had a youth that required special services in order to provide the information. Interviews with the Special Education Teacher and PCM confirmed that there were no youth housed at the facility who required interpreter services during the audit period. The auditor asked the facility to identify any youth with a disability including cognitive, learning, physical, hearing, speech, or vision; results were (1) youth with a hearing disability and (20) with a cognitive disability. The auditor randomly selected (6) with a cognitive disability and the (1) youth with a hearing disability; (4) of the randomly selected/non-targeted youth were found to also have a cognitive disability. The youth with a hearing disability explained that he has hearing aids that correct his hearing deficit and that he watched the video and listened to the staff provided education with no issues. The (10) youth with various cognitive disabilities all had a clear understanding of the PREA and explained the intake process where it appeared there was no accommodation necessary for them to understand. Review of the youth files also verified that no special accommodation was needed. The facility indicated that no LEP youth were assigned to the facility during the audit period, which was also confirmed during an interview with the facility Interim Director Special Education Teacher and Lead Teacher.

115.316(c): Policy 15.10 further establishes that family members, children, friends, and untrained volunteers will not be used as interpreters unless specifically requested by the youth or youth's parent or legal representative and upon approval of the Juvenile Detention Counselor (JDC). Facility Directors are required to ensure that all staff is trained to access language assistance services. The agency has a Translations link on its public website that may be used by staff or other interested parties. Policy prohibits the use of youth interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. The auditor observed the contact information for the interpreter service providers posted in the intake area, control room, medical department, and counselors offices for use by staff as needed. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period. The auditor learned through interviews 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 (8) and supervisor (2) interviews confirmed they knew how to access interpreter services should they be required. They also confirmed the use of resident interpreters, resident readers, or

	<p>other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment was prohibited. The Auditor observed this information posted in both areas as required. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 3.52, 5,9,14.3, 23.1, and 22.3; 23.1 Attachment D; Employee File Audit Spreadsheet; PREA Employment Questionnaire electronic Instructions; Completed PREA Employment Questionnaires; Child Protection Services Requests; PREA Acknowledgement Statements; List of Employees and Contracted Staff; Initial and Five Year Background Verification; Observations During Site Visit; Information Obtained During Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Hiring Packets (13); Volunteer Packets (2); Email from CHU; Email from Central HR; Report from CHU; Interviews.</p> <p>115.317(a)(b)(f)(g): Policy 23.1 establishes that Facilities/Programs/Offices will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion. Policy 23.1 establishes that during the interview process, facilities/programs will ask all applicants and prospective employees about previous sexual abuse misconduct. Employees/Part-Time/Per Diem/Interns and individual contract persons must read and sign the Staff PREA Acknowledgement Statement (Attachment E). A copy will be maintained in the personnel file or the appropriate file. The PREA Pre-Employment Questionnaire is now available to be completed in BCAS for candidates selected for hire or promotion with DJJ. When candidates/employees/vendors are sent the background check link via BCAS, they will also be prompted (and required) to complete the PREA Pre-Employment Questionnaire questions. The form will be stored electronically within BCAS. Staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated.</p> <p>During an interview with the HR Tech, the auditor confirmed that the facility considers any known 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 HR interview confirmed that candidates involved in a</p>

prior incident of sexual harassment would require special approval to be employed. Additionally, 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. The facility provided (70) completed employment questionnaires asking if the employee has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in such activity. She explained that employees are required to disclose any previous misconduct and that all new hires are informed of the continuing affirmative duty to disclose any such conduct and that material omissions regarding such misconduct or materially false information are grounds for termination during the initial orientation process and through policy review.

115.317(c)(e): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed. 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. Policy 23.1 and 3.52 establishes that criminal background record checks will be conducted at least every five years for all employees and contractors. Additionally, Policy 23.1 and 3.52 establishes that the Department shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth. The auditor reviewed the procedure from the Georgia Department of Human Services confirming the facility employees are screened for Child Protection Services (CPS) involvement. The auditor also reviewed the facility's "reference check form" and determined that question # 8 specifically asks the prior employer "if you are an institutional employer\*, please provide any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse." The asterisk indicated in the question is defined as "As identified by the Prison Rape Elimination Act of 2003." The facility reported on the PAQ that in the past 12 months, there were (23) new hires at the facility who may have contact with residents. The interview with the HR Tech confirmed the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees, those who are being considered for promotions and contractors who may have contact with residents prior to employment or services rendered and every five years for eligible employees. HR confirmed that employees are screened by DHS for CPS involvement, as indicated in the documentation review of this standard. The facility provided a spreadsheet for a total of (60) employees for tracking criminal history background checks. The spreadsheet indicated initial background dates for all employees and (21) promotion background checks were conducted. The spreadsheet also indicated there were (12) employees who had

been employed for more than five years and of these (10) had updated background checks but (2) did not. As a result, the facility was found out of compliance with provision (e) and entered a 180-day corrective action period to correct this deficiency. To become compliant, the facility was required to develop a procedure to ensure that background checks are completed on all staff, contractors, volunteers at least every five years.

Corrective Action Taken (e): The HR Tech provided the auditor with an email from the Director of CHU explaining that a background check was completed on every employee at the agency on November 17, 2022, to ensure that all were brought current. Another agency-wide check will be completed in 2027. Interviews with the HR Tech, Central HR, and CHU Director also confirmed that background checks will continue to be completed for employees for promotions and all new hires. The facility and agency have satisfied the CAP and now meet provision (e). The auditor reviewed a list of the background checks that were completed for Savannah RYDC on November 17, 2022.

The auditor reviewed (10) completed employer reference forms and determined that reference checks are conducted for each applicant; however, the interview with the HR Tech informed that the facility only checks references on those that the applicant lists as references. The auditor discovered during random staff interviews that (2) employees worked in an adult correctional system prior to hire at Savannah RYDC; personnel records were checked and neither of the prior institutional employers were checked as required. As a result, the facility was found out of compliance with provision (c) and entered a 180-day corrective action period to remedy the deficiencies. To become compliant the facility must 1) make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or if the employee resigned during the investigation.

Corrective Action Taken (c): The facility had (13) new hires and (2) new volunteers onboarded since April 2024 and (2) of the employees had prior institutional experience. The facility provided documentation that each prior institutional employer was contacted for both new hires to obtain information about any substantiated sexual abuse allegations or any resignation during an investigation. The auditor interviewed the HR Tech again during the follow-up site visit and learned that she asks these questions about sexual misconduct of all prior employers and documents on the reference check form. The facility has satisfied the CAP and is now compliant with provision (c).

115.317(d): Policy 23.1 and 3.52 establishes that the Department shall perform a criminal background records check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth. HR confirmed that employees and employee contractors are screened by DHS for CPS involvement, as indicated in the documentation review of this standard. The auditor reviewed (5) contractor files (3-service and 2 medical) and confirmed background checks were conducted prior to rendered services.

115.317(h): Policy 5.9, Personnel Records states that requests for reference



	<p>information concerning current and former employees from outside DJJ or state government will not be honored and that all such reference checks shall be directed to the Office of Human Resources (OHR). The auditor spoke with an OHR representative, the 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 samples of these requests received for auditor's review.</p> <p>Based on the review and analysis of the stated evidence, including evidence provided during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 7.1, 8.15, and 23.1; DJJ Facility Opening Synchronization Matrix; Facility Schematic; Camera Memo; Observations During Site Visit; 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. The policy 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 indicates no new facility or substantial expansions or modifications during the audit period. The facility accountability statement provided with the PAQ and a follow-up interview with the facility Interim Director revealed no substantial expansions or modifications were made at the facility during the audit period. 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. The goal is high visibility and direct lines of sight, while maintaining privacy for the youth during showers and in other areas where they may be in various stages of undress. The agency provided for the auditor's review a copy of the DJJ Facility Opening Synchronization Matrix for another facility to provide documented evidence that PREA standards are considered during major physical plant modifications. The agency has not acquired a new facility since the last PREA audit.</p>

	<p>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 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. An interview with the facility Interim Director explained that no camera updates were conducted within the audit period. The electronic monitoring system is checked multiple times each week to ensure it is working properly. Any system problems encountered are immediately reported for repair. The auditor reviewed samples of the equipment checks.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.10, 8.42, 22.3; 23.2; 23.3 and 23.1; 23.1 Attachment K; SANE Nurse Agency Utilization- FMEs; List of Medical &amp; Mental Health Staff; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; First Responder Instructions; MOU - Child Advocacy Center (CAC) - Child Enrichment and Helen's Haven Children's Advocacy Center; GBI Property and Evidence General Information; Local Hospital Agreement DJJ &amp; Children's Healthcare of Atlanta - FMEs; CSEC Response Contact Sheet and comprehensive guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Documentation Review - Policy 23.1 establishes the Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse following Policy 22.3, Internal Investigations. The investigations follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. DJJ and the facility do not have other agencies investigating sexual abuse or sexual harassment allegations. The auditor reviewed Policy 8.42, which outlines the agency's uniform evidence protocol, The agency's uniform evidence protocol is developmentally appropriate for youth. Interviews with the Agency Head, PREA Coordinator, and Investigator confirmed that DJJ Office of Investigations is the designated law enforcement agency for investigating allegations of sexual abuse that occurred in a DJJ facility. They further explained that the agency's uniform</p>

evidence protocol is consistent with that of the Georgia Bureau of Investigations (GBI), and developmentally appropriate for youth. During interviews with (8) random staff and (2) supervisors, the auditor learned that they were knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were able to explain to the auditor how to preserve this evidence until an investigator arrives. The staff were also able to articulate the procedures outlined in the facility's Coordinated Response Plan. Staff confirmed they would implement the first responder protocols if they were the first person to be alerted that an inmate had allegedly been the victim of sexual abuse, and they would report the incident through their chain-of-command and only to staff on a need-to-know basis. Non-security staff interviewed were knowledgeable about the same procedures as security staff.

115.321(c): Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. Any youth reported or believed to have been sexually assaulted will be immediately referred to the on-site health care staff for an appropriate evaluation to determine emergency care needs. The youth will be sent to Memorial Children's Hospital for further examination, treatment, and forensic evidence collection if the incident occurred within the time limits determined by medical services staff, but no later than 72 hours. Sexual Assault Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital. Forensic medical examinations (FME) and treatment services are offered without financial cost to the youth in accordance with Policy 2.10, Youth Medical Expenses. There were no forensic medical exams conducted in the past 12 months. The agency's agreement with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team ensures that a SAFE/SANE will be made available to conduct any forensic examination and to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. The agency also partners with the Children's Healthcare of Atlanta (CHOA)/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. If a SAFE/SANE was not available at the local hospital, the youth could be transported to CHOA for these services. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. An interview with the HSA confirmed that Memorial Children's Hospital is the primary provided for the facility and does employ SAFE/SANE nurses and that there have been no FMEs conducted within the audit period.

115.321(d)(e)(h): Policy 23.1 establishes that the facility, through the DJJ Office of Contracts, will enter into a memorandum of understanding (MOU) with local rape crisis centers or community service providers that are able to provide youth with access to outside victim advocates for emotional support services related to sexual abuse. The mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, or national victim advocacy groups or rape crisis

organizations, will be posted in the facility or otherwise made available to youth who are victims of sexual abuse. The mailing addresses and telephone numbers of immigration service agencies will be provided to youth who have been sexually abused and are being detained solely for civil immigration purposes. The facility enables reasonable communication between youth and these organizations and agencies in as confidential a manner as possible. It is the responsibility of the facility Director to ensure that all youth victims of sexual assault will receive the same level of care as if they were in a community setting. All victims will be immediately referred for outside medical testing and evaluation. Upon release from a secure facility, the Community Case Manager will provide the youth with follow-up referrals for services in the community. The facility Director will provide youth access, upon request from youth, request or recommendation from SANE, SAFE, or medical services staff, to external medical and mental health victim services for sexual abuse incidents. The CSEC's Comprehensive Assessment processes include advocacy services through a local child advocacy center; Intensive case management services; referrals to appropriate community resources; placement assistance. The auditor reviewed (2) MOUs between DJJ and the Child Advocacy Center (CAC), finding this facility uses Helen's Haven for advocacy. 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 auditor interviewed the facility Interim Director, HSA, and investigators and confirmed that a victim advocate is offered to youth who alleged sexual abuse. Additionally, qualified agency staff are also available to provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The facility Interim Director and the Investigators confirmed that victim advocates will always be made available to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The auditor contacted the executive director at Helen's Haven and found that the MOU is active, and that youth housed at Savannah RYDC will be provided advocacy services as outlined in the MOU. She further verified that there were no requests for services during the audit period. The auditor interviewed (2) youth who reported sexual abuse and was told that the medical department and investigator offered an advocate when they met with them. Neither youth requested a victim advocate. The nature of the complaint did not warrant a forensic medical exam for either. The victims talked to a mental health counselor about what had happened.

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

Based on review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5, 22.3, and 23.1; 23.1 Attachment K; 22.3; DJJ Website Search; Case Files; Information Obtained from Interviews.</p> <p>115.322(a)(b): Policy 23.1 establishes that Directors ensure that all allegations of sexual abuse or sexual harassment are referred for investigation following Policy 8.5, Special Incident Reporting. The Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in Policy 22.3, Internal Investigations. The agency's PREA policy is published on the website at <a href="https://djj.georgia.gov/prison-rape-elimination-act-prea">https://djj.georgia.gov/prison-rape-elimination-act-prea</a>. The facility indicated (3) allegations on the PAQ; however, during the site visit and interview with the investigator the auditor learned there were (7) allegations.</p> <p>An interview with the Agency Head and 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 (2) PREA Unit Investigators confirmed that all allegation 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. The facility Interim Director explained that he sends all complaints to the Office of Investigations.</p> <p>115.322(c)(d)(e): 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>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 3.22, 4.1, 4.5, and 23.1; 4.2 Attachment A; Attachment G, Annual PREA Compliance Training; JCO On-Job Training Guide; Gender Responsive Training PowerPoint; PREA 2020 Training PowerPoint; Sexual Harassment for</p>

Managers Training Certificates; Modules 1-6 PREA Training Curricula; Refresher Completion Roster; Staff First Responder Cards; Staff PREA Acknowledgements; Employee Training Records; 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 is required to complete the PREA Training Series as listed in Attachment G, PREA Training Series annually, which is above and beyond the requirements of this standard. 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 curricula 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. Employees receive PREA training through multiple courses: JCO On-job Training; Gender Responsive Training PowerPoint; PREA Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; and provides all staff with Staff First Responder Cards. These training resources were provided to and reviewed by the Auditor and found to be very comprehensive and to include all required topics. Due to the extensive, multiple PREA training courses available and the annual training requirement for staff, the facility/agency exceeds the provisions of this standard. The facility provided (61) signed employee acknowledgment forms indicating their knowledge of the PREA standards and (45) signed standards of conduct acknowledgement forms. Additionally, the auditor reviewed (15) personnel files (1-MH; 2-Medical; 2-Service Contractors; 10-Employees) and all contained signed PREA Acknowledgment statements. The auditor requested additional training records for (29) employees which were provided after the interim report was issued. There were (13) new hires since April 2024, (10) have completed their initial training and (3) are in progress. Training records were provided and reviewed by the auditor for the (10) who have completed the training.

Interviews with (8) random staff and (2) supervisors confirmed they received initial and refresher training and were knowledgeable about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention,

	<p>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 confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.</p> <p>Based on a review and analysis of the stated evidence, the facility and agency demonstrated compliance with all provisions of this standard. Additionally, due to the extensive and comprehensive multiple PREA training courses required and the annual PREA training refresher requirement, the agency exceeds the provisions of this standard.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.2, 4.1; 14.3, and 23.1; 2.2 Attachment F; 14.3 Attachment C; Contractor (8) (Medical) Background Verifications; Contractor/Volunteer Background Clearances; Completed Contractor and Volunteer PREA Acknowledgement Forms; List of Contractors and Volunteers; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Training Records: Interviews.</p> <p>115.332(a)(b)(c): Policy 23.1 establishes that the facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Policy 23.1 also establishes that the level and type of training provided to volunteers, interns, and contractors is based on the services they provide and their level of contact with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report sexual abuse. Volunteers complete the online PREA training and Policy 14.3, Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement. Contractors and Interns must complete PREA training as required by Attachment G, PREA Training Series previously outlined in 115.331. The</p>

	<p>HUB E-learning System tracks PREA Training. The facility provided medical personnel background check verifications, but no corresponding training records. The auditor reviewed (5) contractor files and all contained signed PREA Acknowledgment statements. The auditor observed Religious Services listed on the weekly Master Schedule, but it was reported there are only two approved volunteers, and they have not completed their training. The auditor requested training records for (2) of the contractors interviewed and found that (1) has completed the training annually as required; however, the other told the auditor during the interview that he had not taken PREA for several years and when the training records were reviewed, the auditor confirmed that he had not completed the required modules nor the PREA refresher for the current year. The (1) contractor who had completed training was knowledgeable of his responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure and they were aware of the process explained in the documentation review of this standard. There were no current volunteer training records to review. The facility was found out of compliance with provision (b) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to provide evidence that all contractors and volunteers receive the training as required by the agency based on their level of contact with youth and the nature of their services provided.</p> <p><u>Corrective Action Taken:</u> The facility provided current training records for (5) additional maintenance contractors and (1) housekeeping contractor. Additionally, training records were provided for the (2) active volunteers. An interview with the ADP/PCM confirmed that contractors and volunteers will be monitored to ensure that they received the required annual training.</p> <p>Based on the review and analysis of the evidence provided, including evidence presented during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard; additionally; the agency exceeds provision (b) of this standard by ensuring that interns and volunteers and full-time facility contractors receive the same comprehensive training as staff.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 13.32, 15.4, 18.30, 23.1, 22.1; 22.1 Attachment C; 23.1 Attachment H; Female &amp; Male Break the Silence Poster English/Spanish; Training Curricula by Age; Student Handbook (English &amp; Spanish); Training Curricula End Silence, Youth Speaking Up About Sexual Abuse in Custody; Intake Flyer English/Spanish; Youth Safety Guide (PREA); Youth Safety Tips Poster; Youth Poster No Means No English/Spanish; Youth Poster Sexual Abuse and Harassment are Never</p>



OKAY, English/Spanish; Commissioner's Video; Youth PREA Acknowledgement Statements (Intake); Youth Orientation Acknowledgement Statements; Protocol for Educators; Teacher Certifications; Observations During Site Visit; Information Obtained from Interviews.

115.333(a)(b)(e): Policy 23.1 establishes youth will receive age-appropriate information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment during the intake process. The auditor viewed the Commissioner's Video and the agency informational handouts, available for both genders and various age ranges. Policy 23.1 further establishes within 72 hours of the intake process, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials inform the youth of the agency's protocol for responding to such incidents. The Agency PREA Coordinator authorizes all materials used during orientation. The auditor reviewed the observed the Commissioner's video, the PREA video, training aids and informational literature and curriculum used to convey the PREA message to youth during intake and orientation and found it comprehensive and age-appropriate. The facility maintains documentation of each youth's participation in the orientation, and the facility case manager documents the youth's participation in a JTS PREA communications note. The facility indicates that (738) residents were received in the past 12 months, and all received the PREA information at intake. In addition, the Auditor reviewed (307) Youth Acknowledgement Statements and (215) Youth Orientation Statements verifying that residents received and understood the age-appropriate orientation. These signed Acknowledgement Statements are scanned into the youth's JTS file. The documents also indicated that youth were provided the zero-tolerance message and reporting information during intake and received the orientation which includes the comprehensive education within 72 hours, although sometimes within 24 hours. The auditor also randomly selected (17) youth files for review and found that all had a signed acknowledgment statement for initial PREA training during intake, as well as documentation of comprehensive PREA training completions within 72 hours in the JTS notes. Additionally, for youth who have been at the facility more than 30 days, they also received a certificate for attending PREA Class, which is an additional in-depth PREA curriculum that is generally only provided at the YDC facilities. This exceeds the requirement of this standard.

During the site visit there were no new arrivals; therefore, the auditor asked the intake officer to provide a simulation of the intake process. The intake officer explained that on the day of arrival, each youth is shown the Commissioner's Video on sexual abuse prevention and given the intake packet, which includes the Youth Safety Tips Handout. She also covers the agency's zero-tolerance message and explains how the youth can make a report of sexual abuse or sexual harassment. The youth are encouraged to ask questions about the video and information provided and asked to sign the PREA Acknowledgement Statement (Attachment H) indicating they understood the material provided. Any youth that needs assistance with reading or understanding the material will be provided necessary

accommodation to ensure they have equal access to the PREA program. The auditor observed all of the DJJ prescribed sexual safety posters were displayed in the intake area prominently so that youth see them upon arrival. The agency publishes these documents in English and Spanish and can be translated into other languages upon request. Additionally, the agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or written documents may be translated. After the remaining processes of intake are completed, the youth will be seen by medical staff and then mental health staff. Once these initial contacts are made the youth will be assigned to a housing unit. Interviews with the JDCs learned that they see the youth generally the next day but no later than 72 hours to make contact and will provide the comprehensive PREA education to the youth. The auditor confirmed that all youth receive the intake education in a method in which they understand, regardless of disability or language barriers. The facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities. Informal conversations with staff and youth confirmed initial PREA education is provided during intake and reviewed again during orientation. The (10) youth interviewed who were identified as having a cognitive disability explained their understanding of the PREA education to the auditor and had a good understanding of the information.

Interviews with (17) youth confirmed they were informed of the zero-tolerance policy and how to report incidents of sexual abuse or harassment during intake upon arrival at the facility. Additionally, these interviews confirmed that they watched the Commissioner's video just after they entered the facility. The auditor asked each resident to explain what they had learned from the video and what they had been told by staff about the PREA. Each youth were able to provide the auditor with information on their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; how and to whom to report an allegation. Additionally, they understood the facility rules about PREA, various methods to report an incident, and what would happen if they reported an incident. The auditor interviewed (1) youth with a hearing disability but he explained that he came in with hearing aids and that with these he is able to hear at normal functioning and understood the PREA information provided without any additional accommodation.

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

115.333(d): Policy 23.1 establishes that education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment as outlined in Policy 13.32, Special Education Services. In addition, accommodation will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. The facility had no LEP youth assigned during the site visit, nor within the last 12 months. The auditor did not test the facility's access to interpretation services, but did review the (3) contracts for services. Additionally, the contact information for the interpreter services was found in the main control room, medical department, and JDCs offices. The auditor confirmed during an interview with the medical & mental health staff, and the facility Interim Director that youth did not have to self-identify to access interpretation services. All reporting methods via telephone have English and Spanish options available. Youth are able to anonymously report and confidentially access emotional support services. Informal conversations with staff confirmed interpretation services would be accessed in a private location. Interviews with the facility Interim Director, the Lead Teacher and the Special Education Teacher confirmed that accommodation will be made for any youth as required.

115.333(f): Policy 23.1 establishes that the facility Director will ensure key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats. During the site visit, the auditor 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, main corridor, administration area, recreation area, and medical. Additionally, handout literature was observed in the library, education, and staff offices. The auditor observed all signage to be colorful and extra-large in size so they can be easily read/accessed by all youth from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. The information provided by the signage is not obscured, unreadable, or missing and is accurate and consistent throughout the facility, found in similar locations on each unit. Informal conversations with staff and youth verified that signage is visible throughout the facility on a continuous basis and not just due to the audit.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Based on the comprehensive education consistently being delivered within 72 hours the facility exceeds this standard.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion**

Evidence Reviewed: Policies 8.42, 22.1, 22.3, 3.22; 3.22 Attachment B; GBI Evidence Protocol; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DJJ Office of Investigations/PREA Unit Memorandum; List of PREA Unit Investigators; Investigator Training Records; Information Obtained from Interviews.

115.334(a)(b)(c): Policy 23.1 establishes that the Office of Investigations will receive specialized training as required by PREA standards. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution following Policy 22.3, Internal Investigations. All PREA investigators must complete the National Institute of Corrections (NIC) online training PREA: Investigating Sexual Abuse in a Confinement Setting within 60 days after the hire date. The DJJ Office of Investigations has a PREA Investigative Unit to investigate PREA allegations statewide comprised of a team of four investigators and a supervisor. The auditor reviewed the training records provided for all five investigators to indicate their completion of basic PREA and annual refresher training and certificates documenting their completion of the NIC investigator's training. All Investigators in the unit have the required specialized investigations training and additional specialized training including 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, the allegation of sexual abuse at this facility was referred to Investigator Harris and in addition to the above mentioned training, this investigator's training record revealed completion of the following training: Investigations PDC; Investigations In-Service; Initial PREA Training; Refresher PREA Training; Cultural Sensitivity; Internal Affairs Training; LGBTI Implication; Investigations Case Management; First Responder Duties; Effective Communication; PREA - Dynamics of SA in Juvenile Facilities; PREA Policy Training; PREA Audit Training; PREA Resident's Rights; PREA Professional Boundaries; and Sexual Harassment Prevention. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b).

Interviews with the PREA Investigation Unit Supervisor and with the PREA Unit Field Supervisor confirmed that all Investigators in the unit have the required specialized investigations training and additional specialized training listed in the previous paragraph. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and therefore exceeds provision (b).

115.334(d): The agency is responsible for conducting investigations related to

	<p>sexual abuse; therefore, the facility meets this standard through non-applicability.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard and exceeded provision (b).</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policy 23.1; List of Medical and Mental Health Staff; List of Mental Health Staff; Augusta Medical College Contract; NIC Medical and Behavioral Health PREA Certificates; PREA Training Matrix; Modules 1-6 PREA Training; Medical &amp; Mental Health Staff Training Rosters; 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. Documentation of completion is maintained in the staff file for this training. Agency policy and the PREA Training Matrix require that all contracted medical and behavioral health staff, part-time and full-time, complete the same training required for agency staff found under 115.331. The facility provided a list of (10) medical staff and (7) mental health staff who regularly work at the facility. The facility indicates that 100% of the medical/mental health staff have received the required training. The auditor reviewed a sample of (4) medical staff files and confirmed completion of the NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting. The auditor reviewed a sample of (2) MH staff files and verified they completed NIC's Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The established training curriculum meets all topic requirements of this standard.</p> <p>The auditor's interviews with (2) medical and (2) mental health staff verified their receipt of specialized training regarding sexual abuse and sexual harassment as well as the agency's initial and annual refresher training. The training received covered topics such as 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.</p> <p>115.335(b): The facility/agency staff does not conduct forensic medical exams.</p> <p>Based on a review and analysis of the evidence stated, the facility and agency have</p>

	demonstrated compliance with all provisions of this standard.
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, and 23.3; PREA Screening Reports (PSR); Custody and Housing Assessments; Transgender/ Intersex Declaration; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Completed PSRs April 1, 2024-October 3, 2024; Interviews.</p> <p>115.341(a)(b)(c)(d)(e): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Facility Director, Lieutenant Level or higher designee, and PREA Compliance Manager review the PREA screening report (PSR) to make the final determination of the youth's vulnerability to victimization. Policy 17.3 establishes that a Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. When a youth is admitted to a secure facility, the youth is screened for vulnerability to victimization and sexually aggressive behavior before room assignment. The PREA Compliance Manager reviews room assignments by staff to determine a youth's potential for victimization or predatory behavior and ensure that they are placed appropriately. Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PSR. Policy 23.1 establishes that the youth's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources is populated into the youth 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</p>

and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the youth's perception of vulnerability; and any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths. All youth are afforded a single occupancy room.

The facility indicates that (738) youth entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was for 72 hours or more, but according to their accountability statement, only (248) were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor discussed the discrepancy with the facility Interim Director and learned that the information on the accountability statement was incorrect and that 100% of the youth screened. The auditor reviewed (134) PSRs between January 2023-January 2024 provided with the PAQ and found them all to have been conducted within 72 hours of arrival; However, the auditor requested (17) randomly selected youths' records during the site visit and upon review found that (14) of the youth arrived within the audit period and the other (3) were admitted prior to the 12 month audit period. Of these (14) PSRs, (6) were completed within the required 72 hours and (8) were out of compliance. Based on the auditor's random selection of records, the compliance rate is 43%. Policy 17.3 establishes that a Housing Assessment is completed for all youths before assigning them to a room. This assessment is used to determine the appropriate housing placement within the facility and is used for both assessment and reassessment. The Custody Assessment is used in conjunction with the Housing Assessment to ensure the safe placement of youth. Each facility completes the Custody (Security and Stratification) Assessment and the Housing Vulnerability Assessment for each youth upon admission and then again every 90 days or more often when required. The auditor reviewed (71) completed Custody and Housing assessments provided with the PAQ and found that the facility is conducting periodic reviews during the youth's stay. The auditor requested Custody and Housing assessments for the same (17) youth noted above and found their assessment/reassessments had been completed. As a result of these findings, the facility was found out of compliance with provision (a) of this standard. While a large portion of the records reviewed found the initial risk screening was completed within 72 hours, the auditor's random sample pulled was only 43% compliant. The facility entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to develop a process to ensure that all new intakes receive an initial risk screening within 72 hours.

Corrective Action Plan (a): The facility identified additional staff at the facility who were granted access to finalized the PREA Screening Report. The ADP will monitor the PSRs to ensure the facility hits the 72-hour time frame. The facility provided completed PSRs for (24) new arrivals from April 2024-June 2024 for the auditor's review resulting in (12) being completed within 72 hours and (12) beyond 72 hours. During the follow-up site visit on October 22-24 the auditor reviewed (65) PSRs for the youth who were admitted to the facility between July 1, 2024-October 3, 2024,

and found only (3) being completed outside the 72-hour requirement. These (3) PSRs were conducted in July. All PSRs for the months of August, September and October reviewed were 100% compliant. The facility has satisfied the CAP and is now compliant with provision (a).

Interviews with the facility Interim Director, intake staff, medical and mental health staff, and (3) JDCs found that residents are screened upon admission to the facility or upon transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents within 72 hours of arrival. The information is ascertained through a three-part interview process and review of the youth's records that are available to staff (court records, admission records, probation records or prior institutional behavioral records). After the initial three-part interview process is completed, the PCM is the designated staff who reviews all the information collected and then finalizes the PSR which is used to determine a youth's propensity to be an aggressor or potential victim of sexual abuse. The agency's database system provides the JDC with a notification every 90 days that a reassessment of the Custody and Housing is due if the youth is still at the facility. Once information is updated in this assessment, any necessary adjustments to the youth's housing will be made. Custody and Housing reassessments are also conducted between the 90-day period if additional information is received that could impact the assessment. The auditor interviewed the Agency's PREA Coordinator, facility Interim Director/PCM, JDCs, medical staff, and behavioral health staff. Collectively all questions from the risk screening instrument are covered with each youth based on their assigned sections, the collective of information is computed and pulls information from the Custody and Housing Assessment using information obtained from reviewing court records, case files, and behavior records, which collectively produces the PSR and subsequently determines the youth's risk for sexual vulnerability or aggressiveness. The auditor observed documented comments entered into the PSR indicating a review of the information and evaluation of the data collection results.

Interviews with youth verified that when they first came to the facility they were asked questions like "whether you have ever been sexually abused, whether you identify with being gay, bisexual or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse here?" Some of the youth stated that the intake officer asked the questions and some stated that the nurse in medical asked these questions. All of them stated that the JDC had reviewed their PSR with them during their initial meeting with them.

During the site review, there were no new arrivals being processed through intake, so the auditor asked the intake officer, and the medical staff interviewed to conduct a simulation of their screening procedures. During the PREA screening simulation found that the screening process is a three-part process conducted by the intake officer, medical staff, and behavioral health. The screening process occurs in a setting that ensures privacy (intake office and medical exam room) which allows protection of sensitive information that could be discussed. Screening staff affirmatively ask youth about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination



	<p>about perceived status). The information collected from the youth during these interviews is entered directly into the agency's database.</p> <p>115.341(e): Policy 23.1 establishes that the facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and instructions from the PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. During the site visit, the auditor observed the physical storage area of the youths' files (paper and electronic). The youth files (institutional and medical) are stored in a locked filing cabinet behind a locked door with restricted access. Electronic safeguards of any information/documentation collected and maintained electronically was determined to be effective with ensuring sensitive information collected during the risk screening is protected and only staff who have a legitimate business need-to-know have access through a password-protected database. Informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, was confirmed. The Agency's PREA Coordinator and facility Interim Director/PCM explained the information collected during screening is protected in the database and only authorized staff are allowed access. All interviews found that staff are aware of the sensitivity of information collected during the screening and the need to distribute it to only those parties with a need to know, and as dictated by policy or situation requirements.</p> <p>Review and analysis of the evidence provided, including evidence during the corrective action period, concluded the facility and agency demonstrated compliance with all provisions of this standard.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, 23.3; 23.3 Attachment A, Transgender/Intersex Declaration of Preference Statement; 23.3 Attachment B, Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment; 23.3; Custody and Housing Assessment; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a): Policy 23.1 establishes that the PCM will disseminate the PREA Screening Report (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. 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</p>

free from sexual abuse. The auditor reviewed a sample of (58) Custody and Housing Assessments to assess the housing and placement needs of the youth initially and periodically. These are conducted at the youth's arrival and at least every 90 days.

During interviews with the facility Interim Director/PCM, intake officer, (2) security supervisors, (2) mental health staff, (2) medical staff, and (3) JDCs the auditor found that the information collected in the PSR and results of the Custody and Housing Assessment are used to inform housing, bed, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility has a Treatment Team that meets weekly to discuss the needs and management of youth at the facility. These meetings include review of these assessment reports and any new information that is available such as an incident report of any disciplinary reports for behavioral issues. The facility ensures that staff members working directly with youth are advised of the status of at-risk youth or youth posing a risk to others through shift briefings and only the general information is provided, not information collected during the screenings. Interviews with programming and security staff confirmed that they work together to communicate and share necessary information that can impact the safety of youth and staff at the facility.

115.342(b)(h): Policy 23.1 states that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility shall clearly document the basis for the facility's concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility indicated on the PAQ and during interviews that no residents at risk of sexual victimization were placed in isolation. As there were no youth placed in isolation for sexual safety purposes, no documentation was available for review.

During interviews with the facility Interim Director/PCM, medical and mental health staff, JDCs, security line staff and supervisors the auditor learned that that no youth has been placed in isolation for being at risk for sexual victimization; however, if this became necessary and there were no other means of keeping the youth safe, they would be secured in their room but not denied any services during isolation status. If exigent circumstances existed where services were unable to be provided, they would be appropriately documented. Youth would not remain on isolation status more than the amount of time necessary to arrange transport to another facility. Interviews with medical and mental health staff confirmed that they make rounds at least once daily, if not more frequently, for any youth in isolation status, regardless of the reason. Interviews with (2) security supervisors, the facility Interim Director, and the Regional Administrator determined that residents placed in involuntary isolation, are reviewed at least every 30 days to determine if continued placement in involuntary isolation is needed.

115.342(c)(d)(e)(f)(i)(g): Policy 23.1 establishes that each youth in a secure facility will be housed based on their custody and housing assessment. Custody and housing assignments are not based solely on the youth's sexual orientation or

gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The facility makes individualized determinations about how to ensure the safety of each youth. LGBTI (lesbian, gay, bisexual, transgender, intersex) youth are not placed in particular housing, bed, or other assignments solely based on such identification or status, nor does the facility consider LGBTI identification or status as increasing the risk of being sexually abusive. Policy 23.1 establishes that when assigning a transgender or intersex youth to a male or female facility, staff considers on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Such placements and programming assignments are reassessed monthly, or sooner if necessary, by the PCM and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS.

The facility had (1) youth at the facility who identified as a transgender and (1) youth who identified as LGB. The auditor interviewed the (2) youth who were identified on the LGBTI list and found during the interview, as well as review of their housing assignments that they were not placed in dedicated housing units based on their sexual orientation. The transgender youth was housed according to the identified gender based on a review of the auditor's review of the completed Transgender/Intersex Declaration of Preference Statement and the SOGIE Assessment and interviews with the facility Interim Director. The auditor's interview with the transgender youth found that staff met with the youth just after arrival and completed the proper assessment forms and the youth was housed according to the youth's gender identify. At no time was this youth placed in isolation/segregation due to gender identity. All youth are allowed to shower privately. The youth further explained that staff were respectful and professional and there had been no issues at the facility. The auditor assessed that the facility displayed an outstanding demonstration of housing/programming/treatment of transgender youth and that individualized decisions are made taking into consideration the best interest of the youth and considering the youth's own perception of safety and needs. The facility provided no documentation to indicate that the monthly assessments are being conducted on the transgender youth; however, a 90-day reassessment was conducted which meets the requirements of the standard.

Based on the review and analysis of the stated evidence, the facility and agency demonstrated compliance with all provisions of this standard.

**RECOMMENDATION:** The auditor recommends that the facility implement a practice of completing monthly reassessments of transgender youth for safety needs in accordance with the agency's policy requirements. Memo from ADP - to do monthly and reviewed quarterly C&H assessments for TG youth.

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1; 17.1 Attachment A; Break the Silence Poster; Consular and Trade Offices Contact Information/Manual; See Something Say Something Pamphlet; Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.351(a)(b): Policy 23.1 establishes that the DJJ provides multiple internal ways for youth to report sexual abuse, retaliation by other youth or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is easily understood, private, and secure. Youth assigned to a secure facility may report sexual abuse or seek relief against retaliation by completing a Help Request Form; using the grievance process; telling a counselor, community case manager, medical or mental health staff, Director or Assistant Director, Parent/Guardian, Chaplain or Minister, facility PREA Compliance Manager, or any trusted adult; Calling the DJJ Office of Victim Services, toll free at 1-866-922-6360; writing to the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978. DJJ also provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency. To allow the youth to place a call to these offices and remain anonymous a speed dial system is available, and these prompts are provided as voice options through the housing unit phone. Dialing instructions to reach these offices is also posted in each dayroom/housing unit near the phone banks. The instructions are simple and easy to follow. The auditor placed a call to the speed-dial #2 and reached a counselor at RAINN who stated they would take the information and forward it to the facility for investigation; Victim Services (#3) and left a voicemail of the systems test; and a call to the Ombudsman (#4) and spoke with representatives who explained that if a report is received from a youth that they would take as much information as the youth wanted to provide and allow them to remain anonymous if requested, then forward a copy of the complaint to the facility Director, PREA Coordinator, and the Office of Investigations, PREA Unit. Victim Services responded via email confirming receipt of the call. These resources include CAC agencies, and the National Sexual Assault Hotline. Policy 23.1 establishes that the facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes; although, the facility does not hold youth for this purpose. As a part of civil immigration resources, the facility maintains a copy of the United States Department of State Consular Notification and Access book, which was provided to the auditor for review along with contact information. The auditor verified this information is made available at the facility for youth who are non-citizens. The facility also has a pamphlet with the toll-free number for the U.S. Immigrations and Customs Enforcement (ICE). Written correspondence is also an acceptable avenue for residents to report sexual abuse and harassment outside the facility and agency. To comply with the standard, the facility ensures that youth's correspondence</p>

addressed to the designated external reporting entity remains unopened. The auditor observed postings throughout the facility, in common areas, and in each housing unit, of the Break the Silence Poster including these various reporting methods. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. The auditor's test of the phone system found the phones were in working order and gave specific prompts to reach the various entities where the caller could make a complaint. The auditor completed a call to the Ombudsman Office and spoke with an analyst. Youth are not charged for calls to these offices, and the caller may remain anonymous if they choose. Informal conversations with staff and youth also verified this procedure.

Interviews with (17) youth confirmed 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 through any of the methods outlined above. They all were aware of the speed dial system and knew to dial "2" to report PREA. They were aware that they can make an anonymous call to that number, that a third party can make a report on their behalf, that they can tell any staff member, write a grievance, write a "kite", or report through the medical sick call process. The facility Interim Director/PCM 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, or by calling RAINN, Ombudsman, or Victim Services. The auditor observed during the site visit locked boxes labeled for the facility Director, Grievances, and Help Requests in the main corridor and housing units.

115.351(c)(d): Policy 23.1 establishes that all Facilities/Programs/Offices shall comply with DJJ 8.5, Special Incident Reporting when reporting sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports, occurring on DJJ or DJJ-contracted property. Policy 8.5 states that all staff, volunteers, interns, and contractors having first knowledge of an incident or receiving a report of an alleged incident will report immediately as outlined in the specific protocols and follow up with a written report (SIR). The staff member filing the SIR will verbally report the incident to their immediate supervisor. The staff member will record the supervisor's name on the SIR as being notified of the incident. The staff supervisor will provide a verbal report to the Director or designee as soon as possible when the incident includes a situation alleging any PREA-related incident, including allegations of sexual harassment and retaliation.

The auditor's interviews with (8) random staff and (2) supervisors found that they are aware of the various methods that youth can make a private report of sexual abuse/sexual harassment and were aware that they were to accept a verbal, written, anonymous, or a third-party report and that they will promptly document any report with an SIR. The auditor's personal observations, review of Policy 15.4 and interviews with staff and youth confirmed that youth can possess writing utensils.

	<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 method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may also be submitted to DJJ Ombudsman's office by email at <a href="mailto:djjombudsman@djj.stat.ga.us">djjombudsman@djj.stat.ga.us</a> or by calling 1-855-396-2978. Staff is informed of these procedures through policy and training. Interviews with (8) random staff confirmed they are aware they may go outside of their chain of command should they feel it is necessary to privately report sexual abuse and sexual harassment of youth by reporting to the Tip Line or going directly to the Office of Investigations PREA Unit investigator.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 15.2 and 23.1; 15.2 Attachment A; 115.352 PREA Accountability Statement; Grievance Log 2022; Student Handbook English and Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Youth are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, regardless of when the incident is alleged to have occurred. The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith. Policy 15.2 Grievance Process indicates a directive clarifying that any grievance that involves PREA shall follow the procedures in Policy 23.1, Prison Rape Elimination Act, rather than the procedures of Policy 15.2, Grievance Process. Based on the FAQ published July 19, 2022, interview with the PREA Coordinator and facility Interim Director/PCM, and language in the agency's grievance process policy, the agency 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 protocols. An interview with the Grievance Coordinator confirmed there were no grievances filed related to a PREA incident in the last 12 months.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed: Policies 15.11, 15.3, 15.5, 15.6, 15.7, 15.9, and 23.1; 23.1 Attachment F; 2021 CSEC Response Pamphlet; Consular and Trade Offices Contract Information/Manual; CSEC Response Contact Sheet and Comprehensive Assessment; First Responder Guide; Help Requests; Break the Silence Pamphlet; Staff First Responder Cards; Youth Consent to Disclose Protected and Confidential PREA Information; Children's Healthcare of Atlanta; MOU Children's Advocacy Centers (CAC), Helen's Haven Children's Advocacy Center; Observations During Site Visit; Information Obtained from Interviews.

115.353(a)(b): Policy 23.1 states that the facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, and for youth detained solely for civil immigration purposes, immigrant services agencies. During orientation at each facility, staff inform youth of the extent to which such communications will be monitored. The facility allows reasonable communication between the youth and these organizations in as confidential a manner as possible. Upon arrival at each DJJ facility, youth are advised that while in DJJ facilities, they are under constant supervision by staff and other electronic equipment. Youths are further advised that DJJ is required by law to report all allegations of abuse as mandatory reporters. Interviews also confirmed the staff inform youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Contact information for all advocacy resources available to youth is posted on the housing units and other common areas. The auditor interviewed (2) youth who had reported sexual abuse at the facility and learned they were offered an advocate by the investigator but refused services. During youth interviews, youth explained they knew they can talk or write with outside confidential services, although none of the youth interviewed had done so. Youth verified that mailing addresses and telephone numbers for outside services are located on posters, or they can obtain them from their JDC.

115.353(c): Policy 23.1 states that each facility must establish MOU with the nearest Rape Crisis Center to offer youth the required services. 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 assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. Helen's Haven is the designated CAC for Savannah RYDC. The DJJ also 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,

	<p>and medicine and distance learning and is listed as the outside victim advocate for emotional support on the Break The Silence! posters located on all housing units near the phone banks. The auditor contacted the Georgia Center for Child Advocacy and CHOA and confirmed that these services are available for youth confined at DJJ facilities.</p> <p>115.353(d): The facility provides youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in Policy 15.3, Youth Access to Courts and Counsel; Policy 15.5, Youth Visitation; Policy 15.6, Access to Mail; and Policy 15.7, Access to Telephone. An interview with the facility Interim Director learned that attorney visits and calls are not monitored and that a youth can meet with their legal representative at most any reasonable time through a scheduled visit. Youth acknowledged allowance to privately speak to a lawyer and confirmed they can talk to their parents, family, guardian, and Probation Officer.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 8.5; 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 17.1 Attachment A; Consular and Trade Offices Contact Information/Manual; Sexual Abuse Youth Poster; No Means No Poster; 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 <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or by calling 1-855-396-2978. In addition, this information is found on postings 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 actually 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 the facility housing unit phone, from outside the facility, and sent an email directly to</p>



the ombudsman's office and completed the TIP form online. The hotline was answered by an automated system with a prompt to leave a message. The auditor received confirmation that the test by all methods was received, and had it been an actual report, would have been sent directly to the Office of Investigations, PREA Unit. A report provided by the Ombudsman's Office confirmed there were no reports received by their office on behalf of any youth during the audit period.

During the site review, the auditor actively observed posted and printed signage throughout the facility for services outlined in the documentation review of standard 115.353 (a) and (c). Signage included audit notices, civil immigration information, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. Signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage was provided in English and Spanish and is translated for the other languages when needed. 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, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information on the signage is accurate. Third-party reporting information was observed posted at the entrance lobby of the facility and in the multi-purpose room where visitation is held, 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 which was tested successfully by the auditor.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 8.5, 8.9, and 23.1; 8.5 Attachment B; 8.5 Attachment J; Georgia Child Protective Services Memo; Observations During Site Visit; Information Obtained from Interviews.
	Evidence Reviewed During Corrective Action Period: Staff Refresher Training; Signature Sheets of Attendance; Email Broadcasts; Email Policy 23.1 Review/Staff Meetings & Briefings; Observations During Follow-up Site Visit; SIR/Case Files (4); Interviews.
	115.361(a): The facility requires all staff to report immediately, following policies 8.5 and 8.9, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any

staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. Interviews with (8) random staff and (2) supervisors 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. However, the auditor's review of the closed case file involving (2) separate youth found that once the report was made by the youth, staff did not respond appropriately, and the report was not documented in an SIR as required. As a result, the facility was found out of compliance with provision (a) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to 1) retrain all staff on the staff and agency reporting duties and document the training; 2) demonstrate through documented SIRs/case files that allegations are reported immediately to the appropriate party when received and documented.

Corrective Action Taken (a): The facility Interim Director incorporated PREA education refreshers with all staff at the June staff meeting and shift briefings. The facility Interim Director also began pushing out general PREA information to staff via email periodically to include Key Terms and Definitions, Sexual Bullying, Juvenile Detention Centers Struggle with Transgender Inmates Article, Security Information on PREA, and DJJ 23.1 PREA Policy. Deputy Commissioner/Agency PREA Coordinator conducted a training session with the ADP/PCM, and the new facility Director on the PREA Compliance Manager's duties. The topics covered were from GA DJJ Policy 23.1 PREA. During the follow-up visit to the facility October 22-23, the auditor spoke with staff who talked about the training information that had been rolled out over the last few months. Staff seems to be more informed and have a deeper understanding of the PREA policy and reporting requirements. The auditor reviewed the incident reports related to (4) allegations reported between April 10-October 23 and found that the first staff who became aware of the allegation immediately reported the incident in accordance with policy. The facility has satisfied the CAP requirements and now meets provision (a).

115.361(b)(d)(e): Policy 8.9 establishes that the DJJ shall utilize a standardized process for reporting and responding to child abuse allegations. All suspicions of child abuse, child neglect, youth-on-youth sexual penetration, youth-on-youth sexual contact, penetration by staff/contractor/volunteer/intern, and staff/contractor/volunteer/intern sexual contact involving any DJJ youth shall be reported immediately in compliance with Georgia law. Any sexual contact between staff and youth, regardless of whether it is consensual, is prohibited and is subject to administrative sanctions and criminal prosecution. Policy 23.1 establishes that upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and the alleged victim's parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under guardianship of the Child Welfare System, the report shall be made to the alleged

victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility Director or designee shall report the allegation to the youth's attorney of record within 14 days of receiving the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors. When completing the required SIR, staff must complete the JPPS/Court notified and Parent/Guardian notified sections. According to Policy 8.9, reportable incidents to the Department of Family and Children Services (DFCS) must be made within 24 hours. The auditor confirmed that in cases where youth reported prior sexual abuse, notification was made according to the state's mandatory reporting laws.

Interviews with (8) random staff and (2) supervisors 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. Medical and mental health staff interviewed indicated that they disclose the limitations of confidentiality and their duty to report during the initiation of services to a resident. 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. 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.

Interviews with (8) random staff and (2) supervisors found they have been trained on the prohibition to share information related to a sexual abuse report to anyone outside of the need-to-know parameters and understood there would be disciplinary consequences if they violated this policy. Interviews also verified that they are mandated reporters and are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Interview with the facility Interim Director/PCM learned that when the facility receives an allegation of sexual abuse or sexual harassment, regardless of the method received (including third-party and anonymous) the facility Director (or the designated ADO) will notify the Regional Administrator and the Office of Investigations immediately. Notification will also be made to the parent/guardian, unless the youth is under the guardianship of the State or Juvenile Court and notification would be made to the youth's respective DFCS caseworker or the youth's attorney, as applicable. All reports of sexual abuse and sexual harassment. The auditor's review of the closed case file indicated that staff who learned of the allegation of sexual abuse shared the information with other staff outside the need-to-know protocols. As a result, the

facility was found out of compliance with provision (c) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to retrain staff on the importance of protecting sensitive information such as allegations of sexual abuse to prevent information from being shared outside the parameters of having a need to know.

Corrective Action Taken (c): The facility Interim Director incorporated PREA education refreshers with all staff at the June staff meeting and shift briefings. The facility Interim Director also began pushing out general PREA information to staff via email periodically to include Key Terms and Definitions, Sexual Bullying, Juvenile Detention Centers Struggle with Transgender Inmates Article, Security Information on PREA, and DJJ 23.1 PREA Policy. Deputy Commissioner/Agency PREA Coordinator conducted a training session with the ADP/PCM, and the new facility Director on the PREA Compliance Manager's duties and the topics covered were from GA DJJ Policy 23.1 PREA. During the follow-up visit to the facility October 22-23, the auditor spoke with staff who talked about the training information that had been rolled out over the last few months. Staff seems to be more informed and have a deeper understanding of the PREA policy and reporting requirements and the requirement to keep sensitive information in a confidential manner. The facility has satisfied the CAP requirements and now meets provision (c).

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 administratively and criminally investigated by the DJJ Office of Investigations. An interview with the facility Interim Director confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) that he is made aware of are reported directly to designated facility investigators.

Based on the review and analysis of the evidence, including evidence presented during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 8.7, 8.9, 23.1, 23.2; 18.7 Attachment B; Youth Safety Plan; Observations During Site Visit; Information Obtained from Interviews.
	Evidence Reviewed During Corrective Action Period: Progress Notes for All Youth at Facility 08/29/2024-09/01/2024; Progress Notes for All Youth at Facility on 10/21/2024; Staff Refresher Training; Signature Sheets of Attendance; Email Broadcasts; Email Policy 23.1 Review/Staff Meetings & Briefings; Observations During Follow-up Site Visit; SIR/Case Files (4); Interviews.

115.362(a): Policy 8.7 establishes that the DJJ shall ensure that all youth have a mechanism by which to inform DJJ staff that they believe they are at risk of harm from others. Staff will ensure that youth who make such notifications are protected by utilizing the least restrictive alternative and that the situation is addressed as soon as possible. The facility reports that no instances were reported that a resident was subject to a substantial risk of imminent sexual abuse. Interviews confirmed that upon notification that a youth may be at risk of harm from others, they would immediately be taken to a safe location or secured in their rooms until the threat could be assessed and resolved in the most appropriate means. Each youth is afforded a single occupancy secure room.

The auditor reviewed (7) cases. In one case that involved (2) victims the auditor found that staff actions did not appear to take immediate action to ensure that youth were protected. The auditor interviewed (2) youth who were involved in a more recent incident and stated that staff acted appropriately to remove them from the situation. During general youth interviews it was conveyed to the auditor that the youth feel they have to defend themselves from other youth and one youth told the auditor that a staff member had told him he needed to stand up to the other youth who he felt he was being bullied by. This incident did not involve a sexual allegation but suggests that youth have reported issues where they feel they are in danger, but staff did not respond to separate them from the situation. A review of the supplemental document "PREA dorm meetings with admin and JDC," dated 2/12/24 states "Youth were told to report if they are being bullied." which indicates that residents have addressed bullying concerns with staff. As a result, the facility was found out of compliance with this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to retrain staff on the agency's requirement to protect youth when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse.

Corrective Action Taken (a): The facility Interim Director directed staff to hold dorm meetings in all housing units between August 29, 2024, through September 1, 2024, refreshing all youth on how to report PREA and the zero-tolerance policy. Copies of the Youth Progress Notes Communication (Random Sample 50) was provided to the auditor as evidence that these refresher training courses were held. A second facility-wide dorm meeting was held in all housing units on October 21, 2024, covering the same topics (Random Sample 16). Additionally, the facility had a PREA Consultant visit the facility in October 2024, who conducted (17) youth interviews reporting out that youth were aware of the zero-tolerance for sexual abuse and harassment, understood the various methods for reporting and indicated that they believed staff would take a report of sexual abuse and handle it appropriately. The auditor conducted a follow-up audit inspection of the facility October 22-23, 2024, held conversations with random staff and youth during the visit. Several of the youth remembered the auditor from the initial site visit and engaged freely in conversations about the heightened awareness of PREA and about the zero tolerance for sexual abuse and harassment and bullying. The facility Interim Director incorporated PREA education refreshers with all staff at the June staff

	<p>meeting and shift briefings. The facility Interim Director also began pushing out general PREA information to staff via email periodically to include Key Terms and Definitions, Sexual Bullying, Juvenile Detention Centers Struggle with Transgender Inmates Article, Security Information on PREA, and DJJ 23.1 PREA Policy. Deputy Commissioner/Agency PREA Coordinator conducted a training session with the ADP/PCM, and the new facility Director on the PREA Compliance Manager's duties. The topics covered were from GA DJJ Policy 23.1 PREA. During the follow-up visit to the facility October 22-23, the auditor spoke with staff who talked about the training information that had been rolled out over the last few months. Staff seems to be more informed and have a deeper understanding of the PREA policy and reporting requirements. The auditor reviewed the incident reports related to (4) allegations reported between April 10-October 23 and found that the first staff who became aware of the allegation immediately reported the incident in accordance with policy and separated the alleged victim from the situation. The facility has satisfied the CAP requirements and now meets provision (a).</p> <p>Based on the review and analysis of the evidence, including evidence presented during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.363 Reporting to other confinement facilities</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; Notification of SA/SH from another confinement facility/Email Chain Including Office of Investigations; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that received the allegation will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation. The facility will document that it has provided the required notification. The facility indicated that they received (1) allegation that a youth was abused while confined at another facility.115.363 (a)-3, after further discussion with the facility ADP/PCM it was discovered that the information was incorrectly entered and should have been zero.</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 (1) allegation was received from another facility claiming sexual abuse or sexual harassment occurred at this facility. The facility was unable to provide any documentation of the notification to the Savannah RYDC Director of the</p>

	<p>alleged incident from the other facility at the time of the interim report. During the CAP period the facility provided the original notification from the other facility about the sexual abuse incident that was reported at the other facility alleging to have occurred at Savannah RYDC. The notification indicates that the DJJ Office of Investigations, PREA Unit Supervisor was contacted immediately by the ADP/PCM. Since the facility provided documentation demonstrating compliance within the audit period this provision has been deemed compliant and not in corrective action.</p> <p>Interviews with the Agency Head and facility Interim Director confirmed that these allegations would be forwarded to the Office of Investigations where they would be investigated, regardless of where it was alleged to have occurred or where the allegations were reported.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency demonstrated compliance with all provisions of this standard.</p>
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115.364	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 23.2 Attachment A; Facility Coordinated Response Plan; Staff First Responder Cards; 115.364 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: 115 364 First Responder Duties Email Training &amp; Policy 23.1; Email on First Responder Duties; Security Information on PREA; Health Services Staff Training; Staff Refresher Training; Signature Sheets of Attendance; Email Broadcasts; Email Policy 23.1 Review/Staff Meetings &amp; Briefings; Observations During Follow-up Site Visit; Interviews.</p> <p>115.364 (a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. The first direct care staff member to respond to the allegation will take immediate action to protect and ensure the victim is safe and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; request that the alleged victim, and ensure that the abuser, does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating if the abuse occurred within a period that still allows for the collection of physical evidence; and, if the first staff responder is a non-direct care staff member, ensure the victim is safe and instruct the victim and perpetrator</p>

not to take any actions that will destroy physical evidence and then immediately notify direct care staff. The auditor observed the Staff First Responder Cards issued by the agency with instructions on how to respond to sexual abuse. The auditor's review of the (7) case files provided found that a full SART response was not required due to the nature of the allegations. During review of (1) of the (7) case files it was noted that the first responder actions were not consistent with the requirements of agency policy and efforts were not made to protect the crime scene in one case as the youth (alleged victim) was allowed to remain in the room where the incident allegedly occurred. As a result, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to retrain all staff on their responsibilities as a first responder to an incident of sexual abuse and what steps to take to preserve a crime scene. There were (2) youth still at the facility who were involved in an incident and the auditor interviewed both confirming that staff actions removed them from the situation as soon as the report was made.

Corrective Action Taken (a)(b): The facility Interim Director incorporated PREA education refreshers with all staff at the June staff meeting and shift briefings. The facility Interim Director also began pushing out general PREA information to staff via email periodically to include First Responder Duties & Responsibilities, Key Terms and Definitions, Sexual Bullying, Juvenile Detention Centers Struggle with Transgender Inmates Article, Security Information on PREA, and DJJ 23.1 PREA Policy. Deputy Commissioner/Agency PREA Coordinator conducted a training session with the ADP/PCM, and the new facility Director on the PREA Compliance Manager's duties. The topics covered were from GA DJJ Policy 23.1 PREA. Additionally, the DC/ Agency PREA Coordinator delivered training to Health Care Staff related to the facility's and specifically the response plan for the medical department. During the follow-up visit to the facility October 22-23, the auditor spoke with staff who talked about the training information that had been rolled out over the last few months. Staff seems to be more informed and have a deeper understanding of the PREA policy and reporting requirements, their first responder duties, and the requirement to keep sensitive information in a confidential manner. The auditor reviewed the incident reports related to (4) allegations reported between April 10-October 23 and found that the first staff who became aware of the allegation immediately reported the incident in accordance with policy and separated the alleged victim from the situation. The facility has satisfied the CAP requirements and now meets provisions (a)(b).

There were no sexual abuse allegations reported within the audit period that required a full SART activation; however, the auditor interviewed (8) random staff and asked them to explain what they would do if they were the first responder to a PREA incident. All staff interviewed were proficient in explaining their first responder duties and stated they would separate the victim and perpetrator, preserve any evidence or crime scene (including evidence on the person), and take the alleged victim to medical for assessment. Non-security staff explained all the same steps and added they would contact a security staff who would take the alleged victim to



	<p>medical. An interview with (2) youth who had reported an allegation at the facility confirmed that staff had responded quickly to their report and took care of the situation. The auditor's review of these case files corroborated their response.</p> <p>Based on the review and analysis of the evidence, including evidence presented during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 23.1 and 23.2; 23.1 Attachment M; 115.365 PREA Acknowledgement Statement; Facility Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.365(a): Policy 23.1 establishes that the facility will use the Sexual Abuse Coordinated Team Response (23.1, Attachment M) to respond to all sexual incidents. This plan outlines the procedures and specific duties of the First Responders, Control Room Operator, Medical Staff, Mental Health Staff, Administrative Duty Officer, Investigator, and Facility Leadership. Additionally, the plan establishes and defines the roles of the Sexual Abuse Coordinated Team Members. The Auditor reviewed a signed and approved Attachment M, Sexual Abuse Coordinated Team Response form and found it complete and comprehensive; this plan has been reviewed and signed by the designated team members and the agency's PREA Coordinator with the last review being conducted in December 2023. Interviews with the facility Interim Director and other SART members found they were knowledgeable about the SART response.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 23.1; 115.366 PREA Accountability Statement; Information Obtained from Interviews.</p> <p>115.366(a): Policy 23.1 establishes that neither the agency nor any other</p>

	<p>governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Based on interviews with the Agency Head and the PREA Coordinator, the auditor further confirmed that DJJ is not involved in collective bargaining.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 23.1; 23.1 Attachment L; Retaliation Monitoring Forms; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Policy 23.1 establishes that Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident reports alleged sexual abuse or sexual harassment, designated staff must complete the Attachment L, PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the youth’s adjustment within the facility and document their findings. Monitoring for retaliation shall start immediately once an allegation of sexual abuse or sexual harassment has been made. Policy 23.1 further establishes that retaliation monitoring shall last at least 90 days. Monitoring termination can only occur before 90 days if the investigation has determined that the allegation is unfounded, or the person (youth/staff) is no longer at the site. Monitoring can occur beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. The PCM is the designated retaliation monitor for the facility, but all of the Treatment Team will participate and provide information during the monitoring period. It was determined that there were (7) PREA related incidents. The facility provided retaliation monitoring forms for all required monitoring.</p> <p>An interview with the Agency Head confirmed that the PCM is the designated staff at each facility responsible for monitoring retaliation; if local staff cannot conduct the monitoring, the PREA Coordinator or Victim Services Director will conduct the monitoring. Furthermore, during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. Interviews with the facility Interim Director and PCM confirmed that youth's conduct is monitored as well as their treatment with such incidents as</p>

	<p>disciplinary reports, unwarranted housing or program changes; with staff any negative performance reviews or any reassignment of duties would be reviewed carefully. An interview with the facility Interim Director who is also the PCM and the designated staff to monitor retaliation found that he was knowledgeable about the requirement to monitoring but based on the auditor's review of the documented retaliation monitoring found some discrepancies as the monitoring sheets were for alleged perpetrators rather than victims. Monitoring was discontinued early on (1) alleged victim after the alleged perpetrator was transferred to another facility which does not meet the requirements of this standard; however, an interview with the ADP/PCM confirmed that he is aware now that the monitoring must continue in these circumstances. The auditor's interview with the (2) youth involved in a PREA incident who were still at the facility and confirmed that staff checked in with them periodically since the incident was reported to make sure they were doing well and experiencing no retaliation. The victim from the most recent incident was being monitored appropriately, on a weekly basis, by the facility Interim Director/PCM which appears that the facility has fully established retaliation monitoring procedures.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5, 8.7, 8.8, 23.1, 23.2; 115.368 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Policy 23.1 establishes that youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated for safety reasons, the facility must clearly document the basis for the facility's concern; the reason(s) why no alternative means of separation can be arranged; and a weekly determination of whether there is a need for continuing separation from the general population. The facility indicated no incidents where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period.</p> <p>Interviews with the Regional Administrator, facility Interim Director, JDCs, and security staff confirmed that the facility does not place youth in segregated housing if they allege a sexual abuse incident has occurred. Interviews with medical and mental health staff confirmed that youth placed on isolation receive daily visits.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5; 22.1; 22.3; and 23.1; 23.1, Attachment K, Requirements of a PREA Case; 115.371 PREA Accountability Statement; Specialized Training for Investigations Curricula; Specialized Investigation Training Certificates; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.371(a)(c)(d)(k): Documentation Review: The agency has a policy related to administrative and criminal investigations. Multiple policies cover the procedures used to effectively ensure investigations are completed promptly, thoroughly, and objectively. Policy 23.1 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 descriptions and definitions and the investigation requirements based on the type of allegation reported. An interview with the Office of Investigations PREA Unit Supervisor confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The facility provided (7) cases with one case involving (2) alleged victims.</p> <p>Interviews with the Office of Investigations PREA Unit supervisor and the field investigations supervisor confirmed that an initiation of an investigation of sexual abuse and sexual harassment allegations would occur immediately upon receipt of the information, regardless of the method of reporting (anonymous/third-party) and that all allegations would be investigated in the same manner, according to policy. They explained that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations.</p> <p>115.371(b): Agency policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Investigators interviewed</p>

confirmed their completion of the agency's extensive training programs, as outlined in standard 115.334.

115.371(e)(g)(h)(i): 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 or designee. The final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. DJJ employees are required to cooperate with investigative efforts and compelled interviews will only be conducted after consultation with prosecutors. When the quality of evidence appears to support a criminal prosecution, Investigators are required to submit the case for administrative action or referral to District Attorney's Office for prosecution. Additionally, written reports contained a description of the testimonial evidence (no physical evidence was obtained), the reasoning behind credibility assessments, and investigative facts and findings. The interviews with investigative staff confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. During interview with the investigative staff the auditor learned there were (2) substantiated cases and both youth declined to prosecute; based on the nature of the incident and the declination, the investigators did not present the cases for prosecution on behalf of the youth. The case files reflected the investigator's attempts to determine whether staff actions or failures to act contributed to the sexual abuse are outlined in the documentation review of this standard. Two of the allegations were unsubstantiated but the investigator found misconduct by multiple staff during the handling of the incidents.

The auditor observed the facility copies of case files stored in the facility Interim Director's locked office in a securely locked filing cabinet. The facility Interim Director's office has restricted access keys. Agency level investigative files are electronically stored in a secured database, with access granted only to those on a need-to-know basis. Informal conversations with staff regarding access to secure information, including medical and mental health files and sexual abuse and sexual harassment reports, found that they are restricted to authorized staff only.

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 the (2) investigators and history of substantiated case files agency-wide confirmed that credibility is assessed on an individual basis and not based on their 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 interviewed the youth who made the allegations and found that he was not required to submit to a polygraph during the interview. Interviews with (2) youth who were victims of sexual abuse confirmed that the

	<p>investigators did not subject them to a polygraph to proceed with the investigation.</p> <p>115.371(j): Policy 23.1 establishes that DJJ will retain all written investigations and SIRs as long as the alleged abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Interviews with the PREA Coordinator and PREA Investigations Supervisor were aware of the required retention of investigations and stated these documents are retained securely at central office.</p> <p>115.371(m): The DJJ Office of Investigations conducts its own investigations and outside agencies are not responsible for investigating sexual abuse that occurred within the facility.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K; 115.371 PREA Accountability Statement; Case File; 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 (7) sexual abuse allegation during the audit period. The auditor reviewed the investigative case file and interviewed (2) investigators and determined that a preponderance of the evidence was appropriately applied to the investigation in determining the findings. Of the investigations reviewed dispositions included (4) unsubstantiated, (1) unfounded, (2) substantiated.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment I; Completed Notification Forms; Information Obtained from Interviews.</p>

115.373 (a)(e): Policy 23.1 establishes that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. The facility had (7) cases and only provided evidence of (1) notification at the time the Interim Report was issued. During the corrective action period the facility provided a list of all allegations that occurred within the audit period (7) and between April 10, 2024, through October 23, 2024 (4). Of these (2) were still active investigations at the time of this report and the facility provided evidence that notification was made to all required parties in (3) cases and a letter from the Agency's PREA Specialist confirmed that the remaining (4) cases were not notified because the involved youth had released from the facility. This standard was previously identified as out of compliance but as the facility/agency provided evidence that the notifications were in fact made as required, therefore, the auditor has changed the status to compliant.

An interview with the facility Interim Director and (2) investigators determined that once an investigation is 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 makes the notification to the victim of the outcome of the investigation once they are notified that the case is closed. An interview with the (2) youth who alleged abuse confirmed that they were told of the outcome of the investigation.

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 review of the Resident Notification of Investigation Outcome form, confirms that the facility notifies the alleged victim whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted 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 shall terminate if the resident is released from the agency's custody. There were no substantiated staff-to-resident allegations of abuse, therefore there were no inmates notified of staff reassignments; transfers; resignations; terminations or pending criminal charges. There were (2) substantiated resident-to-resident allegations of abuse, however, the incidents did not involve criminal behavior. All youth involved were notified of the outcome of the investigation. There were no qualifying incidents that would require notifications directed by provision (c).

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed: Policies 3.80 and 23.1; Case Files; 115.376 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: Closure Report 2023-06948; Interviews.

115.376(a)(b)(c)(d): Documentation Review: 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 actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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. The auditor's review of the case files indicated multiple staff misconduct was identified during the administrative investigation related to violations of PREA policy in (1) incident involving (2) allegations. The facility has not provided evidence that these employees received disciplinary action as a result of these findings. Interviews with the Agency Head, PREA Coordinator, Regional Administrator, Investigator, and facility Interim Director confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly. As a result, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility must provide evidence that indicates staff were held accountable for substantiated employee misconduct related to violations of PREA policy or explanation why discipline was not warranted.

Corrective Action Taken: The agency provided Closure Report 2023-06948 related to the incident involving multiple staff misconduct identified during the administrative investigation related to violations of PREA policy. The report indicated that the staff who were involved in substantiated allegations of misconduct related to the incident received verbal coaching, ethics refresher, and related policy review which was approved by the Assistant Deputy Commissioner. The agency has satisfied the CAP and is now compliant with this standard.

Based on the review and analysis of the stated evidence, including evidence reviewed during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.



<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 14.3 and 23.1; Case Files; 115.377 PREA Accountability Statement; Observations During Site Visit; 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 consider whether to prohibit further contact with youth. There were no substantiated cases involving volunteers or contractors or violations of related policies within the audit period based on a review of the case files. Interviews with the Agency Head, 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>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.8, 23.1, 6.05; 16.05; Case Files; 115.378 PREA Accountability Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Case Files; Memo 115.378 Regional Administrator (2).</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers youth for criminal</p>

prosecution when appropriate. The facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility offers counseling services for youth with sexually abusive behavior, and these are not tied to any rewards-based behavior management system to access treatment. There were no disciplinary actions for sexual abuse documented although there were (2) substantiated cases involving youth-on-youth. Interviews with (2) mental health staff verified the facility would offer counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The resident's participation as a condition of access to services is not required. There was no evidence youth were sanctioned for sexual behavior during the audit period but there were (2) substantiated cases; as a result, the facility was found out of compliance and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility must provide documentation where youth were held accountable for substantiated sexual behavior or an explanation justifying why they were not.

Corrective Action Taken: The auditor conducted an interview with the Regional Administrator about the substantiated cases where it appeared the youth were not held accountable for their action as was provided the necessary information related to both cases to make a compliance determination. This information was also presented in a memorandum for documentation purposes. Neither abuse case involved penetration nor did either youth victim require medical attention or interventions. One youth perpetrator's accountability was a review of PREA training; however, the training was not entered into JTS communications. The process now implemented for accountability of youth with substantiated findings will include a review upon receipt of concluded investigation during incident review team meeting to ensure accountability and documentation moving forward. The facility leadership will discuss and ensure disciplinary response is entered in JTS prior to meeting with the incident review team. In reference to the second substantiated case, the investigation closed on 4/9/2024, but the youth perpetrator was released from Savannah RYDC custody on 3/29/2024. Disciplinary action on youth found substantiated for resident-on-resident sexual abuse non-penetrative was not completed due to youth's departure prior to investigation closing. Additionally, the Auditor interviewed the new facility Director during the follow-up visit on October 22-23, 2024, who further confirmed that youth discipline will be documented going forward. The auditor reviewed (2) case files that were reported and closed during the corrective action period and neither was substantiated, therefore, no disciplinary action was necessary. The facility has satisfied the CAP and is now compliant with 115.378.

115.378(b): Policy 8.8 governs the use of isolation for youth. Before placing a youth in isolation, every least-restrictive measure has been considered, and they cannot be held for more than four hours of continuous isolation. Youth in isolation will be observed, and behaviors documented at irregular 15-minute intervals or following any suicide precautions that are in place for the youth. Medical services staff shall

	<p>be notified immediately when a youth requires isolation. Notification will include a verbal assessment of the youth to medical services staff. Behavioral health and nursing staff will evaluate the youth for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation progress note. An interview with the facility Director, security staff, education, JDC, and medical and mental health staff confirmed that youth 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. There were no youth sanctioned for sexual behavior during the audit period..</p> <p>115.378(c): Policy 16.5 establishes that the hearing officer will consider extenuating circumstances when imposing sanctions, such as age, mental condition, prior record of conduct, etc. If the youth is on the mental health caseload, his primary clinician will be present at the hearing to act as an advocate when possible. If it is determined that the youth cannot understand the proceedings or present a defense because of disability, the hearing officer will appoint a staff member to act as an advocate. An interview with the disciplinary hearing officer and (2) mental health counselors confirmed this practice is observed and well implemented at the facility.</p> <p>115.378(e): The agency uses the disciplinary procedure for sexual conduct with staff only upon finding that the staff member did not consent to such contact. This was confirmed during an interview with the Agency Head, PREA Coordinator, and facility Interim Director.</p> <p>115.378(g): The agency prohibits consensual sexual behavior between youth. The facility provided the Behavioral Infractions Grid which is used to apply disciplinary sanctions for youth who violate facility policies and rules. In addition, interviews with youth confirmed they are aware that any sexual activity is not permitted.</p> <p>Based on the review and analysis of the stated evidence, including evidence provided during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 8.5, 11.1, 11.2, 12.10, 22.3, 23.01; 23.01 Attachment F; 8.5 Attachment I; 115.381 PREA Accountability Statement; Sexual Incident Report (SIR) B6P Codes; Youth Consent Form; Prior Victimization forms 12-months; Victim Services Brochure; Observations During Site Visit; Information Obtained from Interviews.

115.381(a)(b): Each youth entering a facility, whether a new admission or a transfer from another facility, will receive a medical screening, mental health screening, and PREA risk screening. Policy 23.1 establishes that if the youth discloses prior sexual victimization or sexual abuse during intake, medical/mental health screening, or health history, whether it occurred in a facility setting or the community, staff will ensure the youth is referred for medical and mental health services within 72 hours of the screening. Staff must address the youth's prior sexual victimization and document the youth's response in the JTS notes. The facility indicated (98) residents reported prior victimization during the intake screening as of December 2023. A sample of cases were provided with the PAQ which provided evidence that each youth was seen by medical, interviewed by mental health within 72 hours, and notification was made to DFCS. An additional report was provided for cases that were reported since January 1, 2024, that indicated an additional (17) reported sexual abuse/exploitation prior to coming to the facility. The auditor randomly selected (2) youth from the list for interviews and records review. Documentation was provided indicating youth were seen by medical, interviewed by mental health within 72 hours, and notification was made to DFCS. The auditor interviewed (2) youth who disclosed sexual victimization at risk screening and verified that they were offered a follow-up with a mental health practitioner. An interview with the intake officer, medical staff and mental health staff confirmed that if a youth discloses prior sexual victimization during the risk screening, whether in an institutional setting or in the community, he or she will be offered a follow-up meeting with a medical and/or medical health practitioner. Additionally, staff indicated that follow-up services would also be offered to any resident with a history of sexual perpetration.

115.381(c)(d): If a youth discloses prior sexual victimization or abuse during a medical evaluation, mental health assessment, or at any time, the staff will report the abuse according to Policy 8.9, Child Abuse Reporting. For youth over 18, staff obtain informed consent from the youth before reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who need to know. The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and the facility PCM. The dissemination of information ensures that sensitive information is not exploited to the resident's detriment by staff or another resident. In interviews with the PCM and intake, mental health, and medical staff, they confirmed that information obtained during the intake and screening process is protected and only disseminated under strict guidelines, within mandatory reporting guidelines, and when needed to further the individual's treatment. The auditor observed electronic safeguards of any information or documentation collected and maintained electronically. Medical records are only accessed by authorized personnel in the password-protected database. Information collected during the risk screening instrument is entered directly into the agency's electronic database and can only be accessed by users with authorized access. Informal conversations with staff confirmed the electronic database is password protected and only authorized staff have access to the risk screening information. All you read (or have read to them) the 23.01 Attachment F, Consent to Disclose Protected Confidential PREA Related

	<p>Information upon arrival at the facility. This consent form explains that any prior abuse disclosed by the youth will be reported to and shared with DFCS, DJJ Office of Investigations, and other individuals and staff involved in providing care and treatment and who have a need to know. If the youth is over the age of 18 they may decline consent to release this information.</p> <p>Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.10 and 23.1; 23.1 Attachment M; 23.2 Attachment A; 115.382 PREA Accountability Statement; Memorial Health Children's Hospital; Documents uploaded to 115.321 - MOU - Child Advocacy Center (CAC) - Child Enrichment and Helen's Haven Children's Advocacy Center; Local Hospital Agreement DJJ &amp; Children's Healthcare of Atlanta - FMEs; CSEC Response Contact Sheet and comprehensive guide; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Evidence of Training; Coordinated Response Plan; Email from Regional Health Service Administrator, Interviews.</p> <p>115.382(a)(b)(c): Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy 23.1 establishes that the facility Director will ensure that victims of sexual abuse, while confined, shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care where medically appropriate. If there is an allegation of a sexual assault within a 72-hour time frame, the youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame. An interview with the Regional Administrator, facility Interim Director, and HSA found that youth who are victims of sexual abuse will be taken to Memorial Children's Hospital Pediatric ER for further examination, treatment, and forensic evidence collection if the incident occurred within the time limits determined by medical services staff, but no later than 72 hours. Sexual Assault Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital. Forensic medical examinations (FME) and treatment services are offered without financial cost to the youth in accordance with Policy 2.10, Youth Medical Expenses. There were no forensic medical exams conducted in the past 12 months. The agency's agreement</p>

with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team ensures that a SAFE/SANE will be made available to conduct any forensic examination and to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. The agency also partners with the Children's Healthcare of Atlanta (CHOA)/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. If a SAFE/SANE is not available at the local hospital, the youth could be transported to CHOA for these services. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. An interview with the HSA confirmed that Memorial Children's Hospital is the primary provided for the facility and does employ SAFE/SANE nurses and that there have been no FMEs conducted within the audit period.

An advocate from the nearest CAC, Helen's Hope, will be dispatched to the local hospital to ensure that a SANE/SAFE examiner is available. The auditor corroborated by phone call to Memorial Children's Hospital that a youth confined to Savannah RYDC would receive timely, unimpeded access to emergency medical treatment. An interview with the Regional Health Services Administrator confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the local hospital, then the facility will provide follow-up treatments according to the physician's orders. These services will be provided timely and consistent with professionally accepted standards of care. No youth received emergency medical treatment for sexual abuse within the audit period. The auditor reviewed (7) investigations and found no incidents warranted a forensic medical examination. However, review of these case files observed a delay in providing unimpeded access to emergency medical treatment and crisis intervention for (2) alleged victims. Interviews with (8) random staff found they were knowledgeable of their first responder duties and knew exactly what steps to take to protect a victim of sexual abuse and preserve evidence. The auditor's interview with (2) youth identified as victims of sexual abuse at the facility explained that they were immediately taken to medical for an assessment after the incident was reported.

While the staff conveyed to the auditor their understanding of their first responder duties, staff were not able to provide a clear explanation of the coordinated response plan, specifically with regard to the medical department's role and responsibilities. No guidebook or written instructions were available to assist agency nurses or for staff to use for making contact with the local hospital or names and numbers for notifications in the event of an incident. As a result, facility was found out of compliance with this standard and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility medical department was required to develop and implement a written coordinated plan to provide an effective and timely response when an incident of sexual abuse occurs. The agency's coordinated response plan under Standard 115.65 should be the roadmap to ensure that all required steps occur to protect and treat the victim, evidence preservation, etc.

Corrective Action Taken: The auditor reviewed the health services PREA folder during the follow-up visit on October 22-23, 2024, which included instructions for

	<p>healthcare staff's responsibilities and the facility's Coordinated Response Plan that has been implemented. The auditor also interviewed the Regional Health Services Administrator. The hospital name (Memorial Hospital Pediatric ER) has been added to the coordinated plan as well as a copy of the flyer for the child advocacy group (Helen's Haven). The folder is accessible to agency and assisting nurses working at Savannah RYDC in case there is an alleged incident of sexual abuse. All health service staff were trained on the coordinated response by the Agency PREA Coordinator/DC Davis on October 16th and October 17th. The signature sheet from the training was reviewed during the follow-up site visit on October 22-23, 2024. This information is kept in a blue folder at the nursing station. The facility has satisfied the CAP and is now compliant with 115.382.</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>Based on the review and analysis of the stated evidence, including evidence provided during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 2.10, 23.1, and 23.2; List of Medical and Mental Health Staff and Credentials; MOU - Child Advocacy Center (CAC) - Child Enrichment and Helen's Haven Children's Advocacy Center; GBI Property and Evidence General Information; Hospital Agreement DJJ &amp; Children's Healthcare of Atlanta - FMEs; CSEC Response Contact Sheet and comprehensive guide; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.383(a)(b)(c)(f): Collectively, policies 23.1 and 23.2 establish that the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Any youth believed to have been sexually assaulted shall be immediately referred to the onsite health care staff for initial screening. Appropriate first aid or emergency care will be provided, and then the youth will be sent to a hospital for further examination, treatment, and forensic evidence collection, as appropriate. Medical services staff will deliver follow-up care and treatment. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis. Policy 23.1 states that the Facility Director will ensure that victims of sexual abuse, while confined, shall be provided timely information and access to emergency</p>

contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care, where medically appropriate. Medical services staff will provide appropriate follow-up care and treatment. The youth's physical and emotional status will be assessed at the follow-up appointment. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed. The facility has a staff of Qualified Mental Health Providers (QMHP) who provide ongoing assessments and treatment for victims of sexual abuse. Interviews with medical and mental health staff confirmed that evaluations and treatment of sexual abuse victims, including follow-up care, regardless of where the abuse occurred, will be provided to youth at a standard comparable to community service levels; additionally, when necessary, they will make referrals for continued care after the youth leaves the facility. Interview with medical and behavioral health staff confirmed that evaluations, treatment, and referrals are offered timely and according to community level standards. The youth who made the allegation of sexual abuse is currently receiving mental health services by a QMHP. No tests for infections were necessary.

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. An interview with the HSA confirmed pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. Additionally, a youth who is pregnant at the time of admission to the facility will receive community level medical services.

115.383(g): Policies 23.1 and 2.10 establish that forensic medical examinations and treatment services are offered without financial cost to the youth. Interviews with the (2) youth that reported sexual abuse advised the auditor there had been no cost for medical or mental health visits.

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. The youth alleged perpetrators of sexual abuse in the (2) substantiated cases received a mental health assessment and offered services to deal with any underlying issues that may have caused the behavior.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; 115.386 PREA Accountability Statements; Case Files; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: Completed Incident Reviews; Tabletop Exercise; Interviews.

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 Sexual Abuse Coordinated Team Response (23.1, Attachment M) provides directions consistent with the requirements of this standard for the Incident Review Team.

The auditor interviewed the facility Interim Director, HSA and mental health and confirmed that they have participated in sexual abuse incident reviews. 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 and prepares a written report utilizing the agency's template, 23.1 Attachment J, Sexual Abuse Incident Review Team Meeting. There were (7) allegations of sexual abuse reported during the audit period, with (1) being unfounded. A review of the (6) case files requiring an incident review found that they had not been completed. The facility must provide an incident review for all closed cases that were substantiated or unsubstantiated. As a result, the facility was found out of compliance with all provisions of this standard and entered a 180-day corrective action period to remedy these deficiencies. To become compliant the facility must provide documented sexual abuse incident reviews for the (2) substantiated and (4) unsubstantiated cases closed within the audit period.

Corrective Action Taken: The facility provided a completed incident review for the (2) substantiated and (4) unsubstantiated cases closed within the audit period. During the corrective action period there were (2) abuse allegations investigated with (1) unsubstantiated and (1) unfounded. An incident review was conducted on the unsubstantiated case, but it was not completed within the required timeframe. As there were no other closed cases to demonstrate compliance, the Agency's PREA Specialist assisted the facility in conducting a Tabletop Exercise to demonstrate to the auditor that the practice of conducting incident reviews is well established. The auditor conducted additional interviews with review team members during the follow-up site visit and reviewed the Tabletop Exercise. The facility has satisfied the CAP and is now compliant with the requirements of this standard.

Based on the review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K, Requirements of a PREA Case; PREA Annual Report - 2022; SSV Reports; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): Policy 23.1 establishes that the agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), following Policy 8.5, Special Incident Reporting. 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 was provided SSV reports and the most recent PREA Annual Report (2022) for review. An interview with the PREA Coordinator confirmed that the data is aggregated annually and published in an annual report. The annual report reflects that the agency has submitted 2022 DOJ Survey of Sexual Violence report. The PREA Coordinator explained the SSV-5 is completed by her office and submitted to DOJ upon request. The yearly comparison report is included each year in the annual report dating back to FY2013.</p> <p>Based on a review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K; PREA Annual Report - 2022; 2021; PREA Annual Report - 2020; PREA Annual Report - 2019; SSV Report 2022; SSV Report 2020; DJJ Website Search; 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 last three published Annual Reports and found they include a</p>

	<p>comparison of the current year's data and corrective actions with those from prior years. Additionally, the Annual Report provides an assessment of the agency's progress in addressing sexual abuse. Interviews with the Agency Head and PREA Coordinator found that the agency is continually assessing the effectiveness of its sexual abuse prevention, detention, and response policies, practices, and training. When problem areas are identified they are 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. The interview with the PREA Coordinator and review of the 2022 Annual Report confirmed it was approved by the Agency Head prior to publishing. Additionally, a web search found the 2022 PREA Annual Report published on the agency's public website.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K; PREA Annual Report - 2022; 2021; PREA Annual Report - 2020; PREA Annual Report - 2019; SSV Report 2022; SSV Report 2020; DJJ Website Search; 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 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's PREA Coordinator. At the local level, the auditor observed paper files are stored in securely locked filing cabinet within the facility Director's office which has restricted access.</p> <p>115.389(b): The requirement for PREA compliance and data collection at the community sites began in 2023; therefore, there was no sexual abuse data collected</p>

	<p>from contracted facilities prior to 2023.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: DJJ Website Search; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): 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. Also, one third of each facility type used by the agency was audited. The last PREA Audit for this facility was conducted on March 24, 2021, with a final report date of May 13, 2021. Based on the projected schedule and interview with the PREA Coordinator, each facility will be audited at a rate of one-third per year, during the current audit cycle.</p> <p>115.401(h): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas.</p> <p>115.401(m): The auditor was provided space in an empty classroom to conduct youth interviews. All interviews were privately conducted.</p> <p>115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility, as required. These notices were posted per the auditor's instructions on February 22, 2024, and photos of the postings were provided to the auditor by email for verification of posting. The auditor further verified that the youth and staff interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the Auditor confidentially. During an interview with the mail staff and facility Interim Director, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. Interviews with youth found that most of them were unaware of the audit but when asked if they had seen the posted notices about the audit most of them said they did. No confidential information or correspondence was received.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed: Website Search; Information Obtained from Interviews.

115.403(f): The auditor confirmed through a search of the agency's public website and an interview with the Agency's PREA Coordinator that Final Audit Reports of all DJJ facilities are posted on the agency's website at <https://djj.georgia.gov/prea-reports>.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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 )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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

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

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

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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
<b>115.321 (b)</b>	<b>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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	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

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

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	no

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes



	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

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

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes



	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes



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

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

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes



	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes