

PREA Facility Audit Report: Final

Name of Facility: Waycross Regional Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 03/24/2024

Date Final Report Submitted: 10/06/2024

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"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 10/06/2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	02/05/2024
End Date of On-Site Audit:	02/06/2024

FACILITY INFORMATION	
Facility name:	Waycross Regional Youth Detention Center
Facility physical address:	3275 Harris Road, Waycross, Georgia - 31503
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Jimmy Moore
Email Address:	jimmymoore@djj.state.ga.us
Telephone Number:	(404)-640-8804

Facility PREA Compliance Manager	
Name:	James Chancey (Interim)
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Roger Wilson
Email Address:	roger.wilson@djj.state.ga.us
Telephone Number:	912-287-5801

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	29
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	10-17 years old
Facility security levels/resident custody levels:	all
Number of staff currently employed at the facility who may have contact with residents:	36
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

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

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

Agency-Wide PREA Coordinator Information			
Name:	Latera Davis	Email Address:	lateradavis@djj.state.ga.us

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

- 115.312 - Contracting with other entities for the confinement of residents
- 115.331 - Employee training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.373 - Reporting to residents
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

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:	2024-02-05
2. End date of the onsite portion of the audit:	2024-02-06

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:	Memorial Satilla Health, Waycross (SANE) Helen's Haven CAC (Advocacy)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	30
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	30
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>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:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>4</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</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, length of time in the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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):</p>	<p>The Auditor experienced no barriers to completing the interviews. Youth and staff willingly participated in interviews and casual conversations and appeared to be forthcoming and truthful.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<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>	
<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>14</p>

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ, personal observations of youth during the site visit, review of youth file records, and interviews with management, medical, counseling, and security staff the Auditor so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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 so no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor oversampled youth with cognitive disabilities and who had disclosed prior sexual abuse during the risk screening to offset there being no residents who had a physical disability, were LEP, were placed in isolation/ segregated housing for being at high risk for victimization, or who had reported sexual abuse at the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <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 </p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

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

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Due to the size of the facility, most staff hold multiple responsibilities; therefore, multiple surveys were administered to individuals during the interview process.</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>84. Did you have access to all areas of the facility?</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>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

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 Waycross Regional Youth Detention Center (RYDC) was audited by Sharon Ray Shaver, Certified DOJ PREA Auditor for juvenile facilities on February 5-6, 2024. Waycross RYDC is located at 3275 Harris Road, Waycross, Georgia 31503. The facility has a 30-bed capacity with 28 youth residents (18-Male/7-Female) assigned during the site visit. The facility provides temporary, secure care and supervision to youth between the ages of 10-17 who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement from Atkinson, Bacon, Berrien, Brantley, Camden, Charlton, Clinch, Coffee, Cook, Echols, Glynn, Lanier, Pierce, and Ware 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, multipurpose room (visitation/dining/activities), intake area, medical department, school/programming area, outside recreation, kitchen, and housing units. The facility has two housing units: B Wing (male) and G Wing (female). The facility had 26 cameras at the time of the audit. These cameras assist the facility by supplementing direct supervision and are located in the recreation room, B and G Units, Laundry, Multi-Purpose Room, Recreation Yards 1/2, Modular Building #11, Intake, Administrative Office, and 3 monitor exterior points of entrances/exits. 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. 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 persons confined in the facility are not allowed, indirect supervision practices, including camera placement and viewing. A clear, direct line of sight was observed everywhere and doors that were marked "No Youth Access" were controlled through restricted key access and these doors were observable by camera views; no residents are allowed in the administrative, 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 both 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 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 March 24, 2024, at which time the facility was found to exceed two standards, 115.331 and 115.334; meet 35 standards; and non-compliant with six standards, 115.317, 115.332, 115.333, 115.341, 115.367, and 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 corrective action period ended on September 20, 2024. After careful review and analysis of the evidence provided, the Auditor found that the facility had demonstrated compliance with the six standards found non-compliant during the initial audit and exceeded six, 115.312, 115.331, 115.334, 115.333, 115.373, and 115.383.

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. Other documentation reviewed by the Auditor during the course of the audit and through the corrective action period are identified in the related standard's narrative.

- 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 1
- 1.30, Infection Control
- 12.10, Mental Health Screening
- 12.11, Mental Health Assessment
- 13.32, Special Education Services 1
- 4.3, 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:

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input 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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The data in sections 92 and 93 appears to conflict with the data entered in sections 94 and 95. The Auditor reviewed three (100%) cases that were reported/investigated during the audit period. Of these three allegations, all were reported and investigated as youth-on-youth sexual abuse based on the initial report. All three sexual abuse investigations were unsubstantiated; however, the investigator found that sexual harassment was substantiated, instead of abuse, in one of those cases. Additionally, the Auditor reviewed three cases for allegations reported during the post-audit/CAP period which are not reflected in the 92-95 data but are included in the number and types of case files reviewed. There were no criminal investigations conducted; all were administrative. The Auditor reviewed a total of six cases to determine the facility's compliance.</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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 1.2, 23.1, 23.2; Memo - PREA Compliance Manager Appointment; Organizational Chart - Department of Juvenile Justice (Agency); Organizational Chart - DJJ Office of Professional Development (PREA); Facility Organizational Chart; Information Obtained from Interviews.</p> <p>115.311(a): The Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The DJJ strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the Department takes appropriate actions to reduce the risk of sexual abuse and sexual harassment within the DJJ facilities, contracted residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice (DOJ).</p>

	<p>115.311(b): The agency employs an upper-level, agency-wide PREA Coordinator, Latera Davis, who is a Deputy Commissioner of the Office of Professional Development and Standards, and who reports 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 explained she has a compliance team who works closely with the facilities to implement and monitor compliance for consistency across the agency. There are (25) compliance managers, one at each site, who attend quarterly meetings. She further explained that if an issue with complying with a PREA standard is identified, she and her team immediately look to see if it is an issue with policy or practice; whether it is systemic or localized; and then implement a plan to address compliance.</p> <p>115.311(c): The facility's designated PREA Compliance Manager (PCM) resigned just before the audit and the Assistant Director (AD) James Chancey was appointed by the Director as the temporary PCM until the position can be filled. Based on interviews with the AD, the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Additionally, the PCM position is a direct report to the facility Director. As of September 3, 2024, the facility Director identified and appointed Lieutenant Crystal Johnson as the permanent PCM.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 2.16, 20.1, 20.24, 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; Unannounced Virtual Audit Four Seasons; Unannounced Virtual Audit Chenault; Comprehensive Audit 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</p>

	<p>adopt and comply with PREA standards. All contractors to include Residential Providers must ensure that all PREA incidents are reported to DJJ Office of Investigations. Policy 23.1 further establishes that District Directors and Community PREA Compliance Managers will monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and will submit reports to Agency PREA Coordinator; The Regional Treatment Services Specialists will monitor and conduct internal audits of all Community Residential Providers for PREA compliance and will submit reports to the Agency PREA Coordinator. Policies 20.1, Community Quality Assurance Monitoring and 20.24, Community Residential Programs policies further direct monitoring of these contractors for PREA compliance. Based on information provided with the PAQ and confirmed through email with the Contracts Administrator, the agency has entered 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). An interview with the Agency Contract Administrator and PREA Coordinator confirmed that DJJ contractors acknowledge that, in addition to self-monitoring requirements the Department will conduct announced or unannounced compliance monitoring to include site visit monitoring. Any Contractor 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>A systematic review and analysis of the evidence concluded 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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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 7.6, 8.1, 8.2, 8.20, 23.1; 23.1 Attachment A; Secure Facility Staffing Reports; 2023 Staffing Plan Review; Facility Staffing Report; Restricted Area List; Unannounced PREA Rounds Logs; CCTV Logs and Locations; Memo re: Staffing ratios; Information Obtained from Interviews; Personal Observations During Site Visit.

115.313(a)(b)(d): Policy 23.1 states that facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse following Policy 7.6, Video Monitoring Systems. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report (Attachment A) and submit its report by the 10th of December with the required signatures to the Agency PREA Coordinator. The facility provided staffing reports for the auditor's review which confirmed that the staffing plan provides adequate supervision for youth. The facility provided staffing plan reviews with the last review being completed in November 2023. 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. The staffing plan is based on a bed capacity of 56. As evidenced by the annual report review and the Director's Accountability Statement, and confirmed during the auditor's interview with the Director, the management team took into consideration: 1) Generally accepted juvenile detention and correctional/secure residential practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); 6) The composition of the resident population; 7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors when conducting the annual review. Additionally, the auditor reviewed the random Secure Facility Staffing Reports from the prior 12 months and verified that a report was completed for each day of the year (01/01/23 to 12/27/23).

Policy 8.20 establishes that all youth in a secure facility shall be visually checked at least once every 30 minutes, or more frequently as ordered by supervisory, mental health, or health care staff. An electronic monitoring system will be used to document the visual checks of youth and designated areas of the facility. An interview with the facility Director confirmed that deviations from the staffing plan are documented daily into the Secure Facility Staffing Report System. The facility had 26 cameras at the time of the audit that augment direct supervision capabilities in the recreation room, B and G Units, Laundry, Multi-Purpose Room, Recreation Yards 1/2, Modular Building #11, Intake, Administrative Office, and 3 cover exterior entrances/exits. 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. 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 persons confined in the facility are not allowed, indirect supervision practices, including camera placement and viewing. The auditor's observation of the camera locations and positioning found that there are no viewing obstructions, and no areas were identified that were not adequately covered by a camera.

115.313(c): Policy 23.1 states that each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency-approved POST-certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility documents this information daily in the Secure Facility Staffing Report System (SFS) located on the DJJ website. The reason(s) for ratio non-compliance is entered in the comment section. Waycross RYDC maintains 1:8 and 1:16 ratios on a continuing basis by employing the following strategies: Use of JDCs, Teachers, and Recreation staff who attend and pass PREA Ratio Training; Use of Call-in procedures; Use of hold-over procedures. In the last 12 months, the facility indicates no deviations from the staffing plan.

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 is maintained in the main control room at all times for audits and PREA investigators' review. The auditor confirmed during staff interviews that they are aware they are prohibited from alerting other staff of such rounds. The auditor reviewed (15) Unannounced PREA Rounds forms documented between January 2023 and January 2024 and found, over time, they cover all shifts and all areas of the facility. Interviews with random staff and youth also confirmed that upper-level staff frequently visit the living units and common areas of the facility during day and night hours and on the weekend and holidays.

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 4.5, 7.6, 8.22, 23.1 and 23.3; 23.1 Attachment C, Cross

Gender Searches Documentation; Post Orders Showers; Cross-gender and Transgender Pat Search Training Curricula; Guidance on cross-gender and transgender searches; Cross-gender Training Rosters; Information Observed During Site Visit; Information Obtained from Interviews.

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 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. The facility will not conduct cross-gender strip and body cavity searches of youth. Policy 8.22 establishes that cross-gender pat-down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The facility indicates no cross-gender searches have been conducted within the audit period. Policy 7.6 states for reasons of privacy, CCTV will not be used to monitor showers and toilet areas; areas used for strip searches; individual cells; and medical exam and treatment rooms. The Auditor observed areas used to conduct strip searches and confirmed that these areas are situated to prevent any opposite-gender viewing from occurring during searches. Interviews with random staff and residents confirmed that opposite-gender staff is never present during an unclothed search. All staff interviewed knew that an opposite gender strip search would only occur in exigent circumstances and must be documented in an incident report. Interviews confirmed that there had been no opposite-gender searches during the audit period. During interviews, staff and residents further confirmed that opposite-gender announcements are made upon entering a living unit. All residents stated during their interview that they could use the restroom, shower, and change clothes without being viewed by a female staff member. The Auditor reviewed camera views from the central control and found no views were observable into areas where a resident may be undressed. During the site visit, the Auditor observed opposite-gender announcements when entering a living unit, the shower area, and the medical unit.

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 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 curricula for Cross-Gender and Transgender Pat Searches and found the content

	<p>compliant with this standard. Additionally, the Auditor reviewed the Cross-Gender Pat Search Training Video developed by The Moss Group, which is used to train the trainers who deliver the training at the academy. 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. The facility provided a PREA Refresher roster verifying that 35 employees have completed the course, with 8 of them completing it more than once. The Auditor also sampled 7 employee files and found transcripts for cross-gender training in all 7 files. Interviews with security staff confirmed that they 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. The facility indicated no transgender or intersex youth was housed at the facility during the audit period nor during the on-site audit and the Auditor found no discernable evidence to indicate otherwise.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 13.32, 15.7, 15.10, 23.1; Teaching Certificates; PREA Posters and Handouts (English/Spanish); DJJ Website Translations; Email Deaf Hard of Hearing ACA; Contract with Interpreters Unlimited; 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 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</p>

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 develops guidelines that will assist youth with disabilities in delivering PREA information. The guidelines include identifying staff responsible for services; processes for accessing services during regular hours, weekends, holidays, and after hours; Documentation in JTS; Timeframe in which service is to be delivered; and Follow-ups. Interviews with the Director, PCM, and Lead Teacher (designee for providing accessibility) confirmed that these services are available, although there have been no youth at the facility requiring these services within the audit period. Random staff interviewed knew how to access communication services should they be needed. The facility indicates that no youth had physical, visual, or hearing impairments during the audit period. The Auditor interviewed 3 youths with a cognitive disability and reviewed their PREA education records and determined that appropriate measures were taken to ensure this population is afforded opportunity to participate in all aspects of the agency's PREA program.

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. Accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. 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 develops guidelines that will assist youth with disabilities in delivering 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 MOU between DJJ and Interpreter Services and found that the services provided are consistent with all provisions of this standard. The facility provided the Auditor with 2 teaching certificates for review. The facility indicated that no LEP youth was assigned to the facility during the audit period, which was also confirmed during an

interview with the Lead Teacher. The Auditor did not test the language service as there were no LEP youth to interview; however, this Auditor has experience with verifying services provided by the contract for the agency during other facility audits. Additionally, the instructions to access language services were observed posted in the control room and JDC's offices.

115.316(c): Interpreter services may be provided by staff or through community interpreter services. Staff members may use the Language Assistance Service Providers list for additional language resources. Interpretation services may be provided in person, over the telephone, through video conferencing, or through social media such as email or texting using only DJJ-approved electronic communications devices or other appropriate technology. 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 or Community Case Manager. Facility/program/office Directors will 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. The facility will prohibit 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, or the performance of first-responder duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented. Youth requiring interpretation services will receive services in accordance with Policy 15.10. The facility Director will ensure that the contact information for the interpretive service providers is posted in the intake area and the control room. 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. Random staff interviews confirmed they knew how to access interpreter services should they be required.

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 3.52, 5.9, 14.3, 23.1, and 22.3; 23.1 Attachment D; Initial Background Employee File Audit; PREA Employment Questionnaire; List of Employees and Contracted Staff 5-YR Backgrounds; Lists of Staff and Contractors; Observations During Site Visit; Information Obtained During Interviews.
	Evidence Reviewed During Corrective Action Period: Facility's Corrective Action Plan

(CAP); Weekly progress reports for 2/6/2024-5/25/2024; Applications and Reference Checks; Contractor Packet for Dentist; Follow-up Interview with PREA Specialist.

115.317(a)(b)(f)(g): Policy 23.1 and 3.52 establish 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. 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 Human Resources (HR) staff interview confirmed that candidates involved in a prior incident of sexual harassment would require special approval to be employed. Policy 23.1 establishes that during the interview process, facilities/programs will ask all applicants and prospective employees about previous sexual abuse misconduct. Each applicant must complete 23.1 Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process. Policy 3.52 establishes that falsification or misrepresentation of information, including criminal history, may result in the withdrawal of an employment offer or the separation of an employee. HR confirmed 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 Auditor reviewed 30 Personnel files, all of them contained a completed PREA Questionnaire. The PREA Pre-Employment Questionnaire is now available to be completed in the agency's BCAS system 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. If a candidate/employee/vendor selects "yes" to one or more questions on the PREA Questionnaire, the background check initiator will be notified via email. A disposition will be required for any of the "yes" responses and a determination will be evaluated at the Central Office level on eligibility for hire; however, if it is determined that the candidate has engaged in any of the stated behavior/activity, then they will not be eligible for hire. Staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated.

115.317(c): Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed following Policy 3.52, Background Investigations. Policy 3.52 requires reference checks to be conducted following Policies 3.51 and 5.9. Background investigations will include the investigation and/or verification of the following information criminal history, including fingerprint check; sex offender registry; employment history; internal investigations; social media; education verification; professional credentials (where applicable); credit history; military service record investigation (where applicable); driver's history; any information provided on the State of Georgia Application for

Employment and/or the State of Georgia State Security Questionnaire Loyalty Oath. The Department makes 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. In the past 12 months, there were 14 new hires at the facility who may have contact with residents and 1 internal promotion. HR records documented that these staff were cleared by the BCAS prior to hire. The Auditor reviewed 8 employee files and found that those employees also received a background check before being hired, as applicable. Additionally, the facility provided a spreadsheet listing all employees, out of 33 employees: all of them indicated an initial background check was performed. The hiring manager and/or HR Tech completes the required reference checks on all candidates selected for hire and captures this information accordingly. Interviews and file reviews revealed there were four employees hired within the audit period who had prior institutional experience, and an interview with the HR Tech found that information had not been requested from the prior institutional employer regarding substantiated allegations of sexual abuse or resignations during an investigation. While the agency policy is compliant, the facility had not been requesting the required information from prior institutional employers and therefore non-compliant with this provision. As a result, the facility entered a corrective action period of 180 days to remedy this deficiency.

CORRECTIVE ACTION TAKEN: The Auditor was provided a written CAP developed by the facility Director in coordination with the agency's PREA Specialist and the Auditor. The plan established that facility HR staff will ensure that applications are reviewed for prior institutional employment. Upon discovery of prior institutional employment, HR will contact the prior employer for a reference check where question #8 (prior institutional employers are contacted and asked about any substantiated allegations of sexual abuse and any resignations during an investigation) will be asked of the prior employer. During the corrective action period the facility Director conducted a weekly check of this process and forwarded applicable the documents to the agency PREA Compliance Specialist. If the facility had no new applicants chosen for hire for that week, an email from the Director was sent to the PREA Compliance Specialist indicating that no applicants with prior institutional employment were hired that week. The Auditor reviewed documentation submitted from the facility Director covering the Post Audit hiring period between February 6, 2024, through May 25, 2024. During this period, the facility had 4 new applicants who had prior institutional experience. The facility provided documented reference checks where the prior institutional employers were contacted by the designated HR staff who inquired about any substantiated allegations of sexual abuse or resignation during an investigation. A follow-up interview with the facility Director confirmed that HR staff are aware that prior institutional employers are to be contacted and asked about any substantiated allegations of sexual abuse and any resignations during an investigation, and that he will be monitoring to ensure this occurs moving forward. The Auditor accepts this documentation as sufficient evidence that the facility has remedied this deficiency 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. Additionally, all current employees selected to fill a position as a result of a promotion shall have a criminal record check prior to being placed onto the position. The Auditor reviewed background checks for 11 contractors/volunteers and verified that a check was conducted prior to rendered services; However, the facility and agency were unable to produce background record checks for dental staff who provide services at the facility resulting in non-compliance with this provision. As a result, the facility entered a corrective action period of 180 days to remedy this deficiency.

CORRECTIVE ACTION TAKEN: The Auditor was provided a written CAP developed by the facility Director in coordination with the agency's PREA Specialist and the Auditor. Additionally, the Auditor conducted a follow-up interview with the agency's PREA Specialist. The scope of the plan established that the agency will ensure that all contract individuals receive background clearance prior to being allowed into secure facilities. Contractors are hired at the agency level by the respective program unit, not at the local facility level. The PREA Compliance Specialist coordinated with the Central Office staff that oversee the contract for dental services to ensure that dental staff have received their background clearances. The facility provided the contractor packet for the Dentist who provides services at Waycross RYDC indicating that he now has the proper clearance to enter the facility and have contact with youth. The Auditor accepts this documentation as sufficient evidence that the facility has remedied this deficiency and is now compliant with provision (d).

115.317(e): 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. The Criminal History Unit will establish and maintain a schedule, by organization unit, to ensure that the criminal record check of every employee and contractor is checked every five years. Additionally, the facility provided a spreadsheet listing all employees, out of 33 employees: all of them indicated an initial background check was performed. Although only 13 staff were employed longer than five years, a refresher background check was conducted for all employees, 32 on December 6, 2023, and 1 completed on October 30, 2023, prior to a promotion. The Auditor's review of 11 contractor files indicated a current background check was present as well.

115.317(h): Unless prohibited by law or DJJ Policies, the Department's Office of Human Resources, in coordination with the Office of Investigations and Office of Legal Services, provides information on substantiated allegations of sexual abuse or sexual harassment between a current or former employee and a youth upon receiving a request from an institutional employer. Interviews with the PREA Coordinator and Investigator confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.

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

	during the corrective action period, concluded the facility and agency have demonstrated compliance with all provisions of this standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 7.1, 8.15, and 23.1; DJJ Facility Opening Synchronization Matrix; Facility Schematic; 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's 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, which was also confirmed during an interview with the facility Director. An interview with the agency head confirmed that during designing, acquiring, or planning modifications to facilities PREA standards are taken into consideration and incorporated by involvement of the agency's PREA Coordinator. She further explained that 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. Since this facility had no expansions or modifications during the auditor period, the agency provided the Auditor with 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 this facility's last PREA audit. An interview with the PREA Coordinator confirmed that she is consulted with facility planning and modifications of existing facilities projects.</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 facility indicated that no camera updates were conducted within the audit period which was further confirmed during an interview with the facility Director. 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</p>

	<p>technology that will enhance the agency's ability to keep youth and staff safe.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</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 and Mental Health Staff; Emergency Medical Treatment and Labor Act (EMTALA) Know Your Rights; MOU Hospital Agreement with Memorial Satilla Health; First Responder Instructions; MOU - Child Advocacy Center (CAC) of Thomasville; GBI Property and Evidence General Information; Agreement DJJ & 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): 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 conducts its own investigations for sexual abuse or sexual harassment allegations and does not rely on an external agency. The Auditor reviewed Policy 8.42, which outlines the agency's uniform evidence protocol, and interviewed the Criminal Investigator Supervisor, who oversees all PREA investigations. The agency's uniform evidence protocol is developmentally appropriate for youth. Interviews with the Agency Head, PREA Coordinator, and PREA Unit Investigations Supervisor confirmed that DJJ Office of Investigations is the designated law enforcement agency for investigating allegations of sexual abuse that occurred in a DJJ facility. They further explained that the agency's uniform evidence protocol is consistent with that of the Georgia Bureau of Investigations (GBI), and developmentally appropriate for youth. Interviews with (12) random staff confirmed they were trained in basic evidence preservation protocols and are well knowledgeable of their responsibilities. Evidence would be protected and preserved until the arrival of an investigator who would then proceed with the collection and processing of evidence. These staff also understood that investigations were conducted by the Office of Investigations PREA Unit and were able to name the supervising investigator as the primary point of contact.</p> <p>115.321(c)(d)(e): Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical</p>

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 a local 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. When on-site health care staff is unavailable, the youth will be transported to the local hospital for treatment following Policy 23.2, Sexual Assault. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at a local hospital. When SANEs or SAFEs are unavailable at the local hospital, a qualified non-DJJ medical practitioner will perform the forensic medical examinations. The facility will document the examination. Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with Policy 2.10, Youth Medical Expenses. 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.

There were no forensic medical exams conducted in the past 12 months. An interview with the agency's Medical Director found that no forensic examinations will be conducted at the facility or by facility medical staff; youth will be transported to the local hospital (Memorial Satilla Health) and arrangements and collaborative efforts by medical staff, PCM, Victim Services Office, PREA Coordinator, and the investigator will ensure that there is a SANE/SAFE nurse available to conduct the exam. The Auditor placed a call to the Child Enrichment Children's Advocacy Center corroborating that a staff member or volunteer from the advocacy center that is certified to conduct a forensic interview, and forensic medical exam would be dispatched to the local hospital to provide these services to youth for DJJ in the assigned region. The Interview also confirmed that these services include crisis intervention, sexual assault counseling, medical advocacy, or sexual abuse legal advocacy, as outlined in the MOU with DJJ. Policy 23.2 establishes that a qualified mental health professional (QMHP) will conduct a Behavioral Health Evaluation for incidents of sexual abuse to address the youth's current mental status. The QMHP will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. The QMHP will generate a referral for a Mental Health Assessment for youth who are not on the mental health caseload. Mental health staff will provide appropriate follow-up care and treatment. An interview with the mental health counselor corroborated the procedures and protocols required by policy and explained the responsibilities of the mental health QMHP. DJJ partners with Georgia's Commercial Sexual Exploitation of Children (CSEC) for advocacy services. As the CSEC Response provider for the state of Georgia, the CSEC Response Team, a program of the Children's Advocacy Centers of Georgia, provides direct services for victims in the form of advocacy services, assessment, intensive case management services, and facilitates training and outreach to help build infrastructure and community capacity at their 52 child

advocacy centers. The agency also partners (no MOU required) with the Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. There were no forensic medical exams conducted or necessary during the audit period. The Auditor reviewed the MOU between DJJ and Children's Advocacy Center of Thomasville and corroborated by interviews with the CAC's Executive Director and Deputy Commissioner/PREA Coordinator regarding the services provided by the agreement. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The agency always makes available an advocate from a children's advocacy center and does not use agency staff members to accompany and support the victim through the forensic medical examination process and investigatory interviews. During interviews with the (2) investigators, the Auditor confirmed that an advocate would be allowed during investigative interviews if requested by the youth.

115.321(h): The agency always makes available an advocate from a children's advocacy center and does not use agency staff members to accompany and support the victim through the forensic medical examination process and investigatory interviews; therefore, provision (h) is not applicable.

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

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5, 22.3, 23.1, 23.2; 23.1 Attachment K; DJJ Website; 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. Based on interviews with the facility Director, Assistant Director, Investigators, and (12) random staff, all allegations are referred for investigation,</p>

and referrals of allegations to the investigative body are documented. The facility indicates there were (2) PREA allegations reported within the past 12 months; however, after the site visit it was determined that an additional allegation was reported by another facility directly to the Office of Investigations totaling 3 for the audit period. None were criminally investigated. The Auditor reviewed 3 additional investigative case files during the post audit/CAP period. Based on the Auditor's review of the investigation case files, the facility properly documented a timely referral of the allegation to the investigative authority. The agency's PREA policy is published on the website at <https://djj.georgia.gov/prison-rape-elimination-act-prea>. An interview with the agency head 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. She further explained that when there is an allegation of sexual abuse or sexual harassment, the person reporting the allegation will contact the PREA unit supervisor. The investigator will assess the information provided with the initial report to determine if the allegation is PREA related incident. If the report is an allegation of sexual abuse or sexual harassment, an investigator will be deployed to conduct interviews. The investigation process includes but is not limited to interviews, file review, camera footage review, and collection of evidence. The investigation process follows the agency's comprehensive policies outlining investigative protocols which are based on the National Sexual Abuse Protocol guidelines, standards, and best practices.

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

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

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policies 3.22, 4.1, 4.5, and 23.1; 4.2 Attachment A; Attachment G, PREA Training Series; Director's PREA Statement; 2017 Annual PREA Compliance Training; JCO On-Job Training Guide; Gender Responsive Training PowerPoint; PREA 2020 Training PowerPoint; Sexual Harassment Training Rosters; Modules 1-6 PREA Training Curricula; Training Roster; PREA Staff Poster; Staff First Responder Cards; Staff PREA Acknowledgements; Standards of Conduct Acknowledgements;

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 curricula include 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. The Auditor also reviewed the PREA Refresher Training that is delivered to staff annually. 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 refresher training requirement for staff (instead of every two years), the facility/agency exceeds the provisions of this standard. The Auditor reviewed training records for 7 new hires and verified they had the required initial PREA training. Additionally, the facility provided a spreadsheet used by HR to track employee training and backgrounds listing 33 employees and the date their training was last conducted. These records combined verify that all employees received initial training upon hire. Of these 32 completed the refresher training through their annual in-service. When reviewing the 14 HR files for background compliance, the Auditor observed they contained employee-signed acknowledgment forms indicating their knowledge of the PREA standards. The Auditor reviewed 12 employee files randomly selected during the audit and all of them contained a completed PREA Acknowledgment form indicating PREA training was completed. The facility also provided 36 signed standards of conduct acknowledgement forms for the PREA annual refresher training. Interviews with 12 random staff confirmed they received initial training during academy and refresher training yearly. Staff were knowledgeable about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention,

	<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 juvenile confinement; the common reactions of juvenile victims of sexual abuse and harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with Georgia law related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceeds provision (c) by requiring PREA refresher training for all staff annually.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 2.2, 4.1; 14.3, and 23.1; 2.2 Attachment F; 14.3 Attachment C; Contractor/Volunteer Training Rosters; PREA Acknowledgement Forms; List of Contractors; Memo - No Volunteers; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the CAP Period: Contractor Training Evidence; Interviews.</p> <p>115.332(a): 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. There are 7 medical contract staff, 1 counseling contractor and 2 service contract staff at the facility. The Auditor reviewed a roster of 47 volunteer application approvals. An interview with the facility Director confirmed that while they maintain this list of approved volunteers, none have been active over the prior 12 months, although the facility is attempting to re-establish these relationships and begin having more active participation in the near future. The Auditor reviewed a sample of signed PREA acknowledgement forms provided with the PAQ for 5 contractors and 5 volunteers indicating their understanding of the zero-tolerance policy and having received the required training. During the site visit the Auditor requested additional documentation for contractors observed onsite during the audit. All documentation was provided except the facility/agency was unable to produce training records for</p>

one of the maintenance contractors and the dental contractors who provides services at the facility. Additionally, the facility recently had painting contractors and flooring contractors onsite but was unable to produce documentation that they had been advised of the agency/facility zero-tolerance policy. As a result, the facility entered a 180-day corrective action period to remedy this deficiency.

CORRECTIVE ACTION TAKEN: The facility Director provided the Auditor with a written Corrective Action Plan (CAP). This plan explained that the facility will demonstrate that all 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. Additionally, the facility will provide the training record for the maintenance contractor and any contract staff hired during the corrective action period to the agency's PREA Compliance Specialist. All vendors will be required to enter through the front entry and will receive PREA education and sign the Vendor Acknowledgement form. These completed forms will be maintained in the front entry binder. The Auditor coordinated with the Agency's PREA Specialist during the CAP period to monitor the progress of implementation of the CAP. During the Post-Audit/CAP period the facility provided the Auditor with training evidence for 2 dental contractors, 1 maintenance contractor, 2 vending contractors, and 7 service contractors which was delivered between February 2024 through May 2024. A follow-up interview with the facility Director confirmed that all contractors are now being trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response in accordance with the agency's policies. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Based on the collective evidence, the facility has demonstrated that contractors are being trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures.

115.332(b)(c): Policy 23.1 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 and the HUB E-learning System tracks this PREA Training. An interview with the on-site Training Coordinator verified that contractors complete the required training according to the level of contact they have with residents. The Auditor reviewed documentation between February 3, 2022-May 2024 for 22 contractors/volunteers confirming they understood the training they received. The type of training provided was appropriate to the level of contact with youth and in alignment with the requirements of the agency's policies.

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

	during the CAP period, concluded the facility and agency have demonstrated compliance with provisions of this standard
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 13.32, 15.4, 18.30, 23.1, and 22.1; 22.1 Attachment C; 23.1 Attachment H; Female & Male Break the Silence Poster English/Spanish; Training Curricula by Age; Student Handbook (English & 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; PREA Poster; Youth Poster No Means No English/Spanish; Video: PREA Youth Education; Commissioner's Video; Youth Orientation Checklists; Contracts with Ad Astra; Lionsbridge; Interpreters Unlimited; Youth Acknowledgement Statements; Protocol for Educators; Teacher Certifications; Orientation/Intake Packets; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the CAP Period: PREA Acknowledgement Statements; Orientation Acknowledgement Statements; Certificates for PREA Condensed Version Class Parts 1-6; Signed PREA Logs; 115.333 Initial and 10-day PREA Education Material; Memorandum PREA Education Process for Youth; Interviews.</p> <p>115.333(a)(b)(e): Policy 23.1 establishes during the intake process 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. Based on an interview with the Lieutenant and AD, within the first two hours after arrival, each youth is shown the Commissioner's Video on sexual abuse prevention and given the intake packet, which includes PREA handout materials in an age-appropriate format. The youth can ask questions about the video and information provided and sign the PREA Acknowledgement Statement (Attachment H). The Auditor reviewed the Commissioner's Video and the informational handouts, available for both genders and various age ranges. The facility indicates that 162 residents were received in the past 12 months, and all received this information at intake. The signed Acknowledgement Statements are scanned into the youth's JTS file. In addition, interviews with youths 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. Policy 23.1 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 facility indicates that all residents received the comprehensive PREA training within 72 hours of arrival. The materials inform the youth of the agency's protocol for responding to such incidents. Of these records, all</p>

youth received comprehensive PREA education within 10 days of arrival. All youth are informed during their initial meeting with a counselor about the emotional support services that are available to them using an outside community resource. The facility provided signed training records with the PAQ for 21 random youth that were provided during the prior 12 months which indicated the training is delivered at intake and within 10 days of their arrival. These signed Acknowledgement Statements are scanned into the youth's JTS file. Interview with the Assistant Director and counselor confirmed that any youth involved in a PREA incident will be re-educated. A mock education session was provided for the auditor by the counselor. It was explained that the initial comprehensive education is provided in a one-on-one setting and that the PREA class is a group setting provided by education. Providing the education one-on-one allows the staff to ensure the youth understands the information being provided and any learning disabilities or other comprehension barriers can be addressed. Interviews with residents 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.

The auditor obtained a youth roster by housing unit from the facility on day one of the site visit. The auditor also requested a list of all youth with a disability, are identified as LEP, who identify as LGBTI, who have disclosed prior sexual victimization during risk screening, have made a report of sexual abuse or sexual harassment at the facility, who have been placed in isolation for being at risk for sexual abuse. The facility provided the requested lists with the following findings: hearing impaired (0); vision impaired (0); physical disability (0); receiving mental health services (17); on a special education plan (11); LEP (0); reported prior victimization (5); Lesbian/Gay/Bisexual (LGB) (1); TG/IS (0); reported allegation at facility (0). Based on the auditor's observations during the site visit, informal conversations with staff and residents during the site visit, and a review of the demographics noted on the youth roster, the auditor found no evidence to contradict the targeted categories listed as none. For interviews, the auditor randomly selected 5 youth from various demographics, housing units, age, and length of time at facility for interviews; and randomly selected 7 youth from the targeted categories (3-cognitive disability; 1-LGB; 5-reported prior sexual abuse. The auditor utilized questions from the Juvenile Resident Survey found on the PRC website when conducting these interviews and documented them on a modified questionnaire form. Interviews with 12 residents (7-female, 8-male), confirmed that they were all informed about the zero tolerance for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment during intake by the intake officer on the day of their arrival. Each youth interviewed explained to the Auditor that the information was explained to them in a one-on-one setting by the officer who processed them during intake. Some of the youth said they had learned about PREA during a previous admission at this or other DJJ facility also. Additionally, these interviews confirmed that all youth had watched the Commissioner's video within 72 hours of arrival when they met with their JDC in a one-on-one meeting in the counselor's office; they all stated that the video included information about PREA and other information about their rights. They all explained to the auditor that when they met with their JDC that they had the PREA information

explained by the JDC which included the following topics: prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns; that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The auditor asked each resident to explain what they had learned from the video, presentation, and what they had been told by staff about the zero tolerance for sexual abuse and sexual harassment and their rights. Each used their own words to describe what they remembered and conveyed the information to the auditor based on their communication capabilities. Youth were well informed on their rights to be free from sexual abuse and sexual harassment while at this facility, and the various methods that could be used to make reports including by phone, in person, verbally, in writing, or using a third party. All interviewed youth stated that they have contact with a friend or relative on the outside regularly and understood that they could have them make a report on their behalf. These interviews further confirmed that they were aware of the emotional support services in the community that are available to victims of sexual abuse. They all understood that they can safely make a report and participate in an investigation without being retaliated against.

The facility maintains documentation of each youth's participation in orientation, and the facility case manager documents the youth's participation of the comprehensive education in the youth's record within the computerized management system, JTS. In addition to the initial notification about PREA and the comprehensive education the agency also offers PREA Class to youth who are going to be assigned to the facility for longer periods of time. The auditor reviewed the gender specific six-part curriculum for this course which includes Introduction to PREA, Reducing Your Risk, Targets, Boundaries, Protective Measures, and Putting it All Together. The course provides scenario-based content that is discussed with the youth by the instructor in a classroom setting. Each youth has a worksheet and completes the worksheet for each Part as the class proceeds in order to provide a self-assessment in helping them understand what behaviors or activities may increase their risk for sexual victimization and what they can do to increase their risk of being safe from sexual abuse and sexual harassment. This course exceeds the minimum requirement of provision (b). The auditor requested documentation of the initial and comprehensive PREA training for the 12 youth who were interviewed during the site visit, but did not receive this information as of the interim report deadline. As a result, the facility entered a 180-day corrective action period to provide the documents requested for compliance review.

CORRECTIVE ACTION TAKEN: The facility Director provided the Auditor with a written CAP stating that the facility provided the requested documentation of resident participation in the orientation and the comprehensive education to the Auditor on April 2, 2024, and that the resident education delivery procedures will continue to be monitored during the CAP period. Throughout the CAP period the facility provided documentation to the Auditor on a weekly basis between April 26, 2024, through September 20, 2024, as evidence that the delivery of PREA education occurs

according to the requirements of 115.333. An interview with the facility Director which was also followed up with a written memorandum confirmed that each youth entering the facility views the PREA educational video, reviews and signs a PREA Acknowledgement Statement, reviews and signs the Orientation Acknowledgement Statement. Additionally, youth are educated again during their intake assessment with their counselor at which time they view the PREA educational video again, complete the PREA Condensed Version Parts 1-6 Group materials, sign the PREA log as evidence of receiving the training. This education is further documented by issuance of a PREA group certificate. During the post-audit period and corrective action period, the Auditor reviewed education records for 48 youth who arrived between February 25, 2022, through September 16, 2024. Of these records, all 48 youth received the required education during intake upon arrival and the comprehensive education was delivered between 0-3 days after arrival. Youth who were assigned long-term or who were at the facility for more than 30 days also received the comprehensive PREA class documented by a certificate. Because 100% of the youth records reviewed verified that the age-appropriate comprehensive education was received by the resident no more than 3 days after arrival, the facility exceeds the requirements of provision (b).

As there were no new arrivals during the site visit, an interview with the intake officer covered a simulation of the intake process for the audit. She explained that during the intake processing each resident is given information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in an age appropriate method during intake by the intake officer. She tells them if anyone does anything that makes them feel uncomfortable they need to tell the officer or any other staff member they feel comfortable talking to. She also explained that they are informed about the PREA speed dial numbers available on the unit phones where they can make a call anonymously. She explained that as she covers this information she makes attempts to remain engaged with the youth closely to ensure that the resident is understanding the information being provided. She asks open-ended questions and gives the youth ample opportunity to ask questions. Once this part of the process is completed the youth are taken to medical for the next stage of intake processing if medical staff are onsite, otherwise that portion happens the next day. She further explained that the JDC shows the youth the video and delivers the remainder of the comprehensive training. The auditor interviewed (1) JDC and the Assistant Director who supervises the JDCs. They both explained that generally JDCs try to complete the orientation on the date of arrival but can't always get to it based on the time of the day the youth arrives; otherwise, orientation is completed on the following day, but never no more than within 72 hours, barring any unusual circumstances. During the orientation, the JDC meets with the youth one-on-one in their office. They explained that generally they play the Commissioner's Video which covers the comprehensive topics on sexual abuse prevention. Once the video is completed the JDC asks if the youth wants to discuss anything from the video or if they have any questions. The JDC reads and explains the topics outlined on the acknowledgement for which includes prohibition of any form of sexual activities between youth, between youth and staff, between youth and volunteers or interns;

that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment; that the youth has a right to be free from sexual abuse and sexual harassment; methods that youth may use to report any incident of sexual abuse or sexual harassment or retaliation. The methods of reporting covered include a) completing a help request form; b) using the grievance process; c) dropping a note in the Director's box; d) telling a counselor, youth probation or parole officer, medical staff, or mental health staff Director or Assistant Director, parent or guardian, chaplain or minister, or any trusted adult; e) tell the legal counselor; f) using the RAINN/National Sexual Abuse Hotline, 800 numbers listed on PREA posters, GA Network to End Sexual Assault (GNESA), GA DJJ Victim Services, GA Ombudsman Office, GA Department of Human Services/Division of Family and Children Services; g) writing a confidential letter to an outside organization. After presentation of this information the JDC asks the youth to sign the PREA Youth Acknowledgement Statement indicating they understand the PREA information provided. Each youth receives a Student Handbook from the JDC and the Facility Rules that they keep with their belongings and that includes sexual safety/PREA information they can read later. The agency publishes the Student Handbook in English and Spanish and can be translated into other languages upon request. Once the youth completes the orientation they sign the orientation form which also notes that they have received the comprehensive training.

115.333(c): Between December 17, 2012, through 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 or re-enters the system even if they have been at that facility previously.

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, accommodations will be made following Policy 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. Interview with the Assistant Director and education staff confirmed that accommodations will be made for any youth as required. The facility had no LEP youth assigned during the site visit, nor within the last 12 months; therefore, the auditor did not test the facility's access to interpretation services. The auditor reviewed the 3 contracts for services with Ad Astra; Lionsbridge; Interpreters Unlimited and found them to be current. The auditor has utilized these services at other DJJ facilities where they were needed to conduct interviews and found that they work directly from an open phone line. The contact information for the interpreter services was found in the main control room, medical department, and JDCs offices. The auditor confirmed during an interview with the PCM, medical staff, JDCs and the facility Director that youth would be provided an interpreter if needed, whether they ask for it or not and

these communications are documented in the youth's file notes. The facility Director and Special Education Teacher explained that if the facility receives an LEP youth, a system will be implemented to ensure that the resident has reasonable and prompt access to an interpreter as needed. All reporting methods via telephone have English and Spanish options available. Youth are able to anonymously report and confidentially access emotional support services through the phone by speed dial. Informal conversations with staff confirmed interpretation services would be accessed in a private location. Youth do not have direct access to the interpreter services but can easily access them by making a request to their JDC, a teacher, or any other staff they feel comfortable asking. Interviews with the PCM, the Lead Teacher and the Special Education Teacher confirmed that accommodation will be made for any youth as required.

The agency holds multiple interpreting contracts where an interpreter may be used to deliver the PREA information or for translating written documents. The auditor confirmed that all youth received the intake education in a method in which they understand, regardless of disability or language barriers. The JDC explained that the facility provides interpreters, when needed, to assist Deaf and non-English speaking youth in the facility as described in provision (d) of this standard, below. Also, staff readers and interpreters are available, if needed. Skilled educators/staff are involved in providing the required information to youth with cognitive or functional disabilities which was corroborated during interviews with the Lead Teacher and Special Education Teacher. The facility provided teaching certificates for 3 teachers indicating 2 of them were certified Special Education. Informal conversations with staff and youth confirmed initial PREA education is provided during intake and reviewed again during orientation. The collective of all interviews confirmed the agency ensures that residents are educated regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, as outlined in the documentation review of this standard.

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. The Auditor observed the "Break the Silence" poster, "No Means No" poster, and "Zero Tolerance How-To-Report" poster placed throughout the facility in readily accessible and conspicuous locations. Additionally, handout literature was observed in the library, education, and staff offices. These locations include each housing unit, multi-purpose room, education, facility entry, staff areas, main corridor, administration area, recreation area, and medical. Additionally, handout literature was observed in the library, intake, PCM's office, education, and staff offices. The auditor observed all signage to be colorful and extra-large in size so they can be easily read/accessed by all youth from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. Samples of the signage displayed at the facility is located on the agency's public website at <https://djj.georgia.gov/prison-rape-elimination-act-prea>. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the facility.

	<p>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.</p> <p>A systematic review and analysis of the evidence, including the evidence presented during the corrective action period, concluded the facility and agency demonstrated compliance with all provisions and exceeds provision (b).</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.42, 22.1, 22.3, and 3.22; 3.22 Attachment B; GBI Evidence Protocol; GBI Operations Support; Investigations: Modules 1-6 Investigation Training; PREA Training Matrix; DOJ Letter - Investigator Training Requirements; List of PREA Investigators; Investigator Training Records; Information Obtained from Interviews.</p> <p>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 five investigators and a supervisor. The auditor reviewed the training records provided for all investigators verifying their completion of basic PREA, annual refresher training, and certificates documenting their completion of the NIC Investigator's training. The auditor reviewed (2) investigative files and found that both cases were investigated by a specially trained investigator</p> <p>Interviews with the PREA Investigations Unit Supervisor and the Field Investigator confirmed that 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. The extensive training received by the PREA Unit Investigative Team is above and beyond the minimum requirements of this standard and</p>

	<p>therefore, exceeds provision (b).</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with the provisions of this standard and exceeded provision (b).</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; List of Medical and Mental Health Staff; List of Mental Health Staff; Augusta Medical College Contract; NIC PREA Certificates; PREA Training Matrix; Modules 1-6 PREA Training; 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. There are 4 medical and 2 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. Training records were provided for these staff, verifying they received the initial PREA and refresher training and the designated specialized training. The established training curriculum meets all topic requirements of this standard. Interviews with 2 medical and 1 mental health staff verified receipt of general PREA and specialized training regarding sexual abuse and sexual harassment. 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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with provisions of this standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Policies 11.1, 11.2, 12.10, 15.6, 17.1, 17.3, 23.1, 23.3; PREA Screening Reports (PSR); Custody & Housing Assessments; Transgender/Intersex Declaration; PREA Screening Report User Guide; Observations During Site Visit; Information Obtained from Interviews.

Evidence Reviewed During Corrective Action Period: PSR; Custody and Housing Assessments; Interviews.

115.341(a): Policy 23.1 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the PREA Compliance Manager will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility Director, Lieutenant Level or higher designee, and PREA Compliance Manager review the PREA screening report to make the final determination of the youth's vulnerability to victimization. When a youth is admitted to a secure facility, the youth is screened for vulnerability to victimization and sexually aggressive behavior before room assignment. The PREA Compliance Manager reviews room assignments by staff to determine a youth's potential for victimization or predatory behavior and ensure that they are placed appropriately. All youth are afforded a single occupancy room. 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.

Interviews with the intake officer, facility Director, and medical staff confirmed residents are screened upon admission to the facility or transferred from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Interviews with 12 youth verified that they were asked questions during intake to determine whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at this facility. All youth told the auditor that these questions were asked in a private setting where no one else could hear their responses. Interviews with 3 staff (2-medical, 1-intake/security) staff who conduct the risk screening found that if a youth arrives to the facility when no medical staff are onsite, trained security staff will conduct that portion of the assessment and then medical will follow up with the youth the next day. During the site visit there were no youth processed in intake; however, the Auditor requested a simulated risk screening be performed by a nurse and the intake officer. The Auditor verified the screening process occurs in a setting that ensures as much privacy as possible and all youth are assessed upon arrival, even if they have been at the facility prior or if they are transferring in from another DJJ facility.

The facility indicates that 162 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 only 94 were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The facility provided records for 84 youth who were admitted into the facility within the past 12 months with the PAQ for the Auditor's review. These records indicated all 84 had evidence of a risk assessments; however, 4 were incomplete and 29 were not completed within 72 hours of arrival at the facility. The Auditor requested screening documentation for the 12 youth who were interviewed during the site visit and 7 additional youth (total 19) and found that 10 were completed within 72 hours and 9 were not. During an interview with the facility Director, it was determined that in the PCM's absence, no other staff had access to complete PSRs which resulted in some being outside of the 72-hour requirement. 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 implement procedures to ensure that residents are screened for risk of sexual victimization and abusiveness within 72 hours of the resident's arrival at the facility and periodically throughout the resident's confinement and provide documentation that these procedures are institutionalized at the facility.

Corrective Action Taken (a): The facility provided the Auditor with a written CAP indicating that PSR and Custody & Housing reports would be provided to the Compliance Specialist weekly for submission to the Auditor. A request was submitted for additional designated staff to have access to complete PSRs. Once this access is granted all PSRs would be completed and brought up to date and the facility Director will ensure that the PSR is completed within 72 hours going forward. Staff access to complete PSRs was granted April 19, 2024, at which time all PSRs were brought current. The Auditor reviewed 8 records for youth who entered the facility between March 30, 2024, through April 15, 2024, and found that 3 were released within 72 hours and the remaining 5 were screened but the PSR was completed on April 19, 2024, at the time system access was granted to designated staff. Between April 18, 2024, and September 16, 2024, there were 42 youth processed at intake with 39 PSRs being completed within 72 hours and 3 were not. The Director explained that he mistakenly understood the 72 hours to be business days but now understands that the 72 hours includes weekends and holidays. To further strengthen compliance efforts he has taken additional steps: 1) identified/ appointed a new facility PCM; 2) requested PSR system access for the new PCM; 3) obtained PSR access for the facility Director and Assistant Director; and 4) sets daily calendar reminders for facility Director, Assistant Director, and PCM as a reminder to check PSRs on a daily basis to ensure all are completed within 72 hours. All youth who arrived after July 26, 2024, 19 through September 16, 2024, had PSRs completed well within 72 hours. The facility also consistently completes the Custody & Housing Assessment for each youth upon arrival at the facility and periodically throughout the youth's confinement. The Auditor concludes that the facility has substantially met compliance with all requirements of provision (a).

115.341(b)(c)(d): Policy 23.1 states that youth vulnerability assessments will be conducted and documented by generating the PSR. Policy 23.1 also establishes that the youth's information will be ascertained through conversations with the youth

during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources is populated into the youth's PSR which is then finalized and reviewed by the designated staff, generally the PCM. The Auditor reviewed the PSR form and the User Guide for completing the screening and found the instrument to be objective and to ascertain the required information delineated in this provision, including prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the youth's perception of vulnerability; and any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths. Interviews with the intake officer, medical and behavioral health, JDC confirmed that all questions from the risk screening instrument are covered with each youth based on their assigned sections and that the collective of information is computed to determine a youth's risk level which is produced upon completion of the PSR. As the PCM position was vacant at the time of the site visit, the Auditor interviewed the facility Director who confirmed that he had identified staff to be granted access to complete the PSRs and was currently awaiting this access to be granted by central office.

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 staff interviews, the Auditor confirmed that all staff is aware of the sensitivity of this information and the need to distribute it to only those parties with a need to know, and as dictated by policy or situation requirements. User access is highly controlled and unauthorized attempts to access the information in the PSR by someone other than an authorized PREA officer will result in a message display of "User does not have permission to access PREA Screening Report".

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 15.11, 17.3, 18.4, 23.1, 23.3; 23.3 Attachment A,

Transgender/Intersex Declaration; 23.3 Attachment B, SOGIE Assessment; Custody and Housing Assessments; Case Files; Transgender/Intersex Declaration; Observations During Site Visit; Information Obtained During Interviews.

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. 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 the Custody and Housing Assessments provided by the facility with the PAQ for 29 residents to assess the housing and placement needs of the youth initially and periodically. The Auditor requested documentation of reassessment for 38 youth resulting in a total of 96 Custody & Housing Assessments reviewed. Review of these documents indicated that residents are consistently reassessed periodically during their confinement.

An interview with the Intake Officer, facility Director, and other treatment team staff confirmed implementation of a system that ensures that staff members working directly with the youth are advised of the status of at-risk youth or youth posing a risk to others. The facility treatment team members and program and supervising staff continually review the youth's adjustment within the facility. All information obtained during these reviews is used to make housing, bed, program, and work assignments to keep all youth safe from sexual abuse. The specific information collected is not shared with line staff, only the youth's risk as it relates to management and security decisions. Interviews with programming and security staff confirmed that staff works closely together to communicate and share necessary information that can impact the safety of youth and staff at the facility. As explained in 115.41, the PSR pulls information from a variety of sources and interfaces with information entered into the Custody & Housing Assessment. The PSR calculates risk potentials which are 1) vulnerability, 2) sexual abuse behavior, 3) violent aggressive behavior. As the youth's Custody & Housing Assessment is conducted, based on additional information or every 90 days, the risk level can change based on any additional information presented and the youth's institutional behavior. The Auditor reviewed the current housing roster, initial screening forms (PSR), Custody & Housing Assessment reports and information collected from conversations with staff. Based on analysis of this data, the Auditor verified that youth housing and programming decisions use the information from these assessments. The facility has (2) housing units. In cases where youth cannot be separated by unit, youth with a risk for vulnerability are placed near the officer's station. In cases where a youth is potentially vulnerable, but also potentially

sexually aggressive, that youth is housed near the officer's station. Youth attend programming, education, and recreation with their unit; therefore, daily movement does not allow for the housing units to mix. On special occasions the facility may have a full facility activity at which time additional staff are present to provide more supervision during the activity; otherwise, youth separated by housing unit do not interact.

115.342(b)(i)(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. 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. As there were no youth placed in isolation for sexual safety purposes, no documentation was available for review. However, interviews with the Director, security staff, and JDCs confirmed that youth would not be denied any services during isolation status, but if exigent circumstances existed where services were unable to be provided, they would be appropriately documented.

115.342(c)(d)(e)(f)(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 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, to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Interviews with the PREA Coordinator, Classification Director, Director, PCM, JDCs, and medical and behavioral health staff confirmed that each youth is assessed individually and given a treatment plan that considers all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. The Auditor administered one LGBTI survey during youth interviews and reviewed the youth's housing assignment which appeared appropriate and not based on the youth's status as LGBTI. Additionally, a review of this youth's file confirmed that a Custody & Housing Assessment was completed at

least every 90 days since arrival at the facility. Policy 23.3 requires that if a youth identifies as a LGBTI youth, the SOGIE Assessment (23.3 Attachment B) will be completed within 2 hours to assist with a custody and housing assessment. Additionally, the policy requires when a transgender or intersex youth has been identified, the youth will complete the Transgender/Intersex Declaration of Preference Statement (23.3 Attachment A) which will be used to guide housing decisions along with other management decisions. Policy 23.3 further establishes that placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on the safety and well-being of the youth, by the PCM and the facility leadership team in consultation with the youth's treatment team to review any threats to safety experienced by the youth. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS. Since policy requires that transgender or intersex youth be reassessed at least every 30 days, the agency exceeds provision (e), which requires the reassessment to occur at least twice yearly; however, the facility demonstrated that reassessments on transgender youth are occurring at least twice per year, which meets the minimum requirements of the standard. Policy 23.1 directs that changes in youth's housing placement should not be based solely on the youth's gender identity but on the youth's safety and well-being. All housing decision reviews are documented in JTS. Since policy requires that transgender or intersex youth be reassessed at least every 30 days, this exceeds provision (e), which requires the reassessment to occur at least twice yearly. Transgender and intersex youth will be allowed to shower separately from other youth based on interviews with staff. There were no transgender or intersex residents housed at the facility during the on-site audit and interviews with staff indicated there had been no transgender or intersex residents assigned to the facility within the audit period. The facility does not have dedicated housing for LGBTI based on review of the housing roster, policy review and interview with the facility Director. Interviews with the Agency's PREA Coordinator, Agency's Classification Director, facility Director, JDCs, and medical and mental health staff confirmed that each youth is assessed individually and given a treatment plan that considers all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. The Auditor concluded that the facility makes individualized determinations on housing and programming decisions.

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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, Notification of Foreign National in Detention; Ombudsman Call Report; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Pamphlet; See Something Say Something Pamphlet; MOU: DJJ and Children's Advocacy Centers (CAC); Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.

115.351(a): 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 external toll-free number to the National Sexual Abuse Hotline; 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. 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 addressed to the designated external reporting entity remains unopened. The Auditor observed postings throughout the facility, in common areas, and in each housing unit, which included these various reporting methods. In addition to signage, reporting method information is available through pamphlets, the resident handbook, and other written material. The Auditor reviewed a call report from the Ombudsman Manager, indicating their office received no PREA-related reports within the prior 12 months. The Auditor randomly selected a housing unit telephone and tested reporting by calling the external reporting entity. The phones were found to be in working order, and the Auditor was able to successfully place a call to the Ombudsman's Office, the PREA Hotline, and RAIN. The RAIN call was answered by a counselor, the other two calls were answered by a recorded message. The Auditor received a call back for the calls placed to the Ombudsman's Office and the PREA Hotline. All calls were placed using a speed dial number that's included in the recorded instructions on the telephone and did not require a special code allowing the caller to remain anonymous and the call to be toll free.

115.351(b): DJJ provides multiple ways for residents to report abuse or harassment to a public or private entity or office not part of the agency. These resources include Victim Services Office, CAC Child Enrichment, Ombudsman, 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 and enable reasonable communication between youth and the organizations as confidential as possible. The methods established for this purpose include calling the external toll-free number to the National Sexual Abuse Hotline; 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. 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 JDC will complete the Notification of Foreign National in Detention form 17.1, Attachment A, if the youth is a non-citizen. The Auditor verified during interviews with the facility Director and (1) JDC that this information is made available to youth who are non-citizens; however, the DJJ does not hold youth who are detained solely for civil immigration purposes. The facility also has a pamphlet for distribution to residents with the toll-free number for the U.S. Immigrations and Customs Enforcement (ICE).

During the site visit the auditor observed signage posted that provides direct numbers for the DJJ Ombudsman Office, Victim Services and the PREA Hotline; however, the youth must enter their assigned PIN to place the free call. To allow the youth to place a call to these offices and remain anonymous a speed dial system is also available, and these prompts are provided as voice options through the resident phones in each housing unit. Dialing instructions to reach these offices are 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 from the caller 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 to the PREA Specialist that the test call had been received. During interviews with (12) youth the auditor found they were all aware of how to use the speed dial system to make a PREA report or to reach the Ombudsman's Office. They were knowledgeable that they could tell any "trusted adult", an officer, the JDC, make a report in writing, file a grievance, write the facility Director, tell the PCM, or by submit a medical sick call request. They also knew they could make a report on behalf of another resident or that someone else could make a report for them, including family or friends outside the facility. The auditor's interviews with (12) random staff found that they are also aware of the various methods that youth can make a private report of sexual abuse/sexual harassment and were aware that they were to accept a verbal, written, anonymous, or a third-party report. The 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, to the PREA Hotline, Ombudsman, or Victim Services. The auditor observed during the site visit locked boxes labeled for the facility Director, Grievances, Mail and Help Requests in the main corridor and housing units. Methods of reporting for the 3 allegations received during the audit period were (1) grievance, (1) verbally to staff, and (1) received from another facility.

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. Staff interviews confirmed that they would accept reports made verbally, in writing, anonymously, and from third parties and that they would promptly document any allegation received by completing an SIR. The Auditor's review of Policy 15.4 and interviews with staff confirmed that youth can possess writing utensils. Residents have access to paper and writing utensils that may be obtained from a counselor, education, or a security staff member. The Auditor tested the reporting procedure by asking 12 random staff to walk through the staff reporting methods. Each staff member was knowledgeable about the procedures. Staff explained that they would notify their immediate supervisor immediately and put in a written report before their shift ended but were also aware that they could make a private report outside their chain of command by contacting the investigator, ombudsman office, or Tip Line directly.

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 will investigate all anonymous, third-party, and private reports received. Inquiries and complaints may also be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.stat.ga.us or by calling 1-855-396-2978. The Auditor submitted a test report through the website and called the direct line and both methods of reporting were responded to by the agency. Staff is informed of these procedures through policy and training. Staff interviews 12 confirmed they are aware they may go outside of their chain of command should they feel it is necessary and privately report sexual abuse and sexual harassment of youth through the Tip Line or by contacting the PREA Unit Investigator directly.

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 15.2, 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): Residents 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 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. The Student Handbook advises youth that one method of reporting an allegation is by filing a grievance. The facility received (1) allegation filed on a Grievance Form which was promptly forwarded for investigation through the PREA investigative protocols. The youth who reported the allegation using a grievance was no longer at the facility to interview.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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; Outside Advocacy Services Pamphlet; Emotional Support Flyer; Staff First Responder Cards; Youth Consent to Disclose Protected and Confidential PREA Information; Children's Healthcare of Atlanta Memo; MOU Children's Advocacy Center (CAC) of Thomasville; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.353(a)(b): Policy 23.1 states that the facility will provide youth with access to</p>

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 informs 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. Residents are further advised that DJJ staff is required by law to report all allegations of abuse as mandatory reporters. Interviews with the facility Director and the Mental Health Counselor confirmed they will arrange an unmonitored phone call with an advocate if the youth requests. Contact information for all advocacy resources available to youth is posted on the housing units and other common areas. During the site review, the auditor observed posted signage throughout the facility with instructions, including phone numbers and mailing addresses, the Georgia DJJ Ombudsman Office, U.S. Immigration & Customs Enforcement (ICE), National Sexual Assault Hotline, DJJ Victim Services, and Children's Healthcare of Atlanta for victim emotional support services. The information was found to be readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage was posted in all areas frequented by persons confined in the facility, including housing units, multi-purpose room, education area, counselor's offices, medical, and recreational areas. Additionally, the signage was found to be of an age-appropriate reading level. Youth are advised during intake of the facility's requirement to report all abuse during the review of the Youth Consent to Disclose Protected and Confidential PREA Information form, which is signed by each youth at entry to the facility.

During resident interviews, all youth referred to the signage posted and were able to explain to the auditor about the availability of emotional support services. An interview with the designated administrative staff who handles mail explained that the youth may correspond by mail confidentially with their attorney, legal guardian, or an outside advocate. Youth explained they could write a letter to anyone on the outside and put it in the designated box for processing. A request for envelopes, writing utensils, and paper can be made through any staff. They understood that they could talk with a mental health counselor at the facility, but also knew that there were child advocacy groups available in the community for their use as well. DJJ does not house youth who may be held for civil immigration purposes. The outside emotional support service contract is accessed by the resident making a request through staff at the facility or by contacting the Ombudsman's Office. The auditor successfully placed a call to the Ombudsman's Office and confirmed that they would facilitate putting a resident in contact with advocacy services upon request. Interviews with medical and mental health staff, case workers, AD/PCM, and the Director confirmed that staff informs 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. All youth were aware that disclosure of any kind of abuse would have to be reported by staff. The auditor contacted the CAC of Thomasville and spoke with the Executive Director. She explained that a designated DJJ staff member would contact the CAC directly if their services were needed. The Auditor confirmed during this interview that the services outlined in the MOU are available for youth in DJJ custody. She also stated there had been no request for services within the audit period. Any special accommodations to ensure communication (Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non- English speaking, and/or have limited reading skills) would be arranged by the DJJ.

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 in Waycross is the designated provider for this facility for emotional support and advocacy services. DJJ also partners with Children's Healthcare of Atlanta, Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. Youth may also correspond with CAC of Thomasville for emotional support services by having their counselor schedule a call or virtual visit. In addition, the National Sexual Assault Hotline (RAINN) will provide phone counseling services through the posted hotline number as confirmed by the Auditor's test call placed from a housing unit. Youth interviewed by the Auditor knew about these services and how to access them.

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 which was further verified through interviews with the facility Director, AD/PCM, counseling staff and security staff. Youth confirmed during interviews that they are able to speak with their legal representative privately.

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<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; Ombudsman Call Report; Consular and Trade Offices Contact Information/Manual; Outside Advocacy Services Flyer/Poster; See Something Say Something Pamphlet; MOU: Third-Party Tip Line Pamphlet; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): Policy 23.1 establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligent Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. In addition, this information is found displayed on posters 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 victim's names and identify their alleged assailants. The reporter may also remain anonymous by completing the email form on the TIP-Line found on the agency's public website. The auditor placed a test call from the facility housing unit phone, from outside the facility, sent an email directly to the ombudsman's office, and completed the TIP form. 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 for investigation. A report provided by the Ombudsman's Office confirms there were no third party reports received on behalf of a youth regarding sexual abuse within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.5, 8.9, 23.1; 8.5 Attachment B, Special Incident Report (SIR); 8.5 Attachment J, Chain of Command Notification; Case Files; Georgia Child Protective Services Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a): The facility requires all staff to report immediately, following policies 8.5</p>

and 8.9, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners must report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. Interviews with 12 random staff, and 2 supervisors confirmed they were all aware of the agency's requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Additionally, they understood this includes any retaliation, 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. There were no residents at the facility who reported an allegation during the audit period.

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 the guardianship of the Child Welfare System, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. Suppose a juvenile court retains jurisdiction over the alleged victim. In that case, 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 facility Director also explained that these allegations would be reported immediately according to mandatory reporting laws, but never more than 24 hours. During an interview with the AD/PCM he explained that as mandatory reports a Child Abuse Reporting Form is completed once staff learns of an incident and a call is made to DFACS as well as a call and email is sent to the Office of Investigations. Parents and legal guardians are notified unless there is official documentation that they should not be. If the victim is under the guardianship of the child welfare system the youth's caseworker would be notified within 24 hours; and the juvenile's attorney or other legal representative would be notified within 14 days if the juvenile court retains jurisdiction. Interviews with 2 medical staff and 1 mental health counselor further confirmed that youth are advised of their limitations of confidentiality and that they are mandatory reporters.

	<p>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. Random staff and supervisory staff interviewed were well 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.</p> <p>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 the DJJ Office of Investigations and the allegation will be administratively and criminally investigated. The 3 allegations reported during the audit period were referred to the PREA Investigator. Of these, cases 2 were closed unsubstantiated and 1 substantiated. The auditor confirmed all third-party reports will be forwarded directly to the PREA Investigations Office during an interview with the facility Director.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.7, 8.9, 23.1, 23.2; 18.7 Attachment B, Confinement Checks Form; Youth Safety Plan; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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. Interview with the facility Director confirmed that upon notification that a youth may be at risk of harm from others, the youth 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. An interview with the agency head found that when a resident is subject risk of imminent sexual abuse, the facility is trained to respond immediately, with no delay, make an initial assessment which includes speaking with the youth. This assessment will determine</p>

	<p>if a change in housing, facility, treatment, or services provided is needed and the PCM will monitor the situation. The initial assessment, which includes speaking with the youth, will determine if there should be changes in housing, facilities, treatment, and services. The facility Director explained that a notification of the threat will immediately be made to the Regional Administrator and a request for transfer the youth to another facility will be made if the youth cannot be housed safely at the current facility. The youth will be separated from the threat, mental health will be notified, medical will be notified, and the shift will be briefed on the situation. The 12 random staff and 2 supervisory staff interviewed explained that they would separate the youth from the danger and secure them in either their room or in a staff area under direct staff supervision awaiting further direction from the facility Director. Staff are trained to respond to reports of substantial risk of imminent sexual abuse immediately. The facility reports that no instances were reported that a resident was subject to a substantial risk of imminent sexual abuse and during the site visit and document reviews by the auditor, nothing indicated otherwise. The Auditor's review of 3 case files for allegations reported during the audit period and 3 case files reported during the post audit/CAP period confirmed that the youth involved in the incident were separated appropriately in each incident.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; 115.363; Case Files; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Policy 23.1 establishes that upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that received the allegation will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation. The facility will document that it has provided the required notification. The facility indicated that they had not received an allegation that a youth was abused while confined at another facility. An interview with the facility Director confirmed there had been no allegations reported of this nature, but if a report is received then he will notify the Director of the other facility and the Office of Investigations.</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 on the PAQ that no allegations were received from other facilities claiming</p>

	<p>sexual abuse or sexual harassment occurred at this facility; however, during the site visit the Auditor confirmed that there was (1) allegation received from another facility that occurred at Waycross RYDC. The Auditor's review of the case file confirmed that the incident was forwarded for investigation upon receipt. Interviews with the agency head and PREA Coordinator confirmed that the Office of Investigations will investigate any allegation received that a youth had been abused, regardless of where it was alleged to have occurred or where the allegation was reported.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 23.1, 23.2; 23.2 Attachment A, Facility Coordinated Response to a Sexual Assault Incident; Facility Coordinated Response Plan, 23.1 Attachment M; Staff First Responder Cards; 115.364 PREA Accountability Statement; Case Files; Information Obtained from Interviews.</p> <p>115.364 (a)(b): Policy 23.1 establishes that the staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. The first direct care staff member to respond to the allegation will take immediate action to protect and ensure the victim is safe and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; request that the alleged victim, and ensure that the abuser, does not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating if the abuse occurred within a period that still allows for the collection of physical evidence; and, if the first staff responder is a non-direct care staff member, ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff. The facility indicated 3 resident-to-resident sexual abuse (non-criminal) allegations were made during the audit period. The Auditor reviewed 3 additional cases (2-resident-to-resident/1-staff-to-resident) during the post audit/ CAP period. The Auditor determined that the incidents were responded to immediately upon the receipt of the report and the response was consistent with agency policy in both cases after reviewing the case files. No incident required a full SART response be activated. The Auditor interviewed 12 random staff (8-security/ 4-non-security) and asked them to explain what they would do if they were the first</p>

	<p>person to learn that a youth has allegedly been the victim of sexual abuse. All 12 staff were able to walk the Auditor through the first responder steps as outlined in the DJJ 23.1 policy and according to the training they have received from the agency. They all knew to keep the alleged victim separated from the alleged perpetrator and how to preserve/protect evidence. All said that they would immediately notify the security supervisor on duty and then get the victim to medical. While the agency provides staff with 1st Responder Pocket Cards, none of the staff interviewed needed to refer to the card while explaining their responsibilities. All staff interviewed were proficient in explaining their first responder duties.</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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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 23.1, 23.2; 115.365 PREA Accountability Statement; Facility Coordinated Response Plan, 23.1 Attachment M; 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 Response 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. Interviews with 4 team members confirmed a thorough knowledge of their roles and responsibilities in response to a sexual abuse incident. The Auditor's review of the 3 case files for allegations reported during the audit period, and an additional 3 case files reported during the post audit/CAP period, confirmed that staff response was coordinated and followed the plan as was applicable to the situation. No incident required a full SART activation.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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 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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<p>115.367</p>	<p>Agency protection against retaliation</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment L; Retaliation Form; Investigative Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During CAP Period: Written Corrective Action Plan (CAP); Investigative Case Files; 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 report of 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. An interview with</p>

the PCM confirmed that during monitoring the conduct and treatment of a resident or staff who reported sexual abuse and sexual harassment is observed; she monitors for disciplinary reports, housing or program changes, or any negative performance reviews. With staff, she will monitor for any reassignments of duties. 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. She further said that during the monitoring, if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. The facility indicated on the PAQ 2 resident-to-resident sexual abuse allegations were made during the audit period; however, during the site visit the Auditor confirmed there were 3 allegations. The Auditor's review of the 3 case files verified that retaliation monitoring was documented in 1 case. As a result, the facility was found non-compliant with provision (c) and entered a 180-day corrective action period to remedy this deficiency.

CORRECTIVE ACTION TAKEN: The facility Director provided a written CAP which states the facility Director will ensure that all incidents of allegations of sexual abuse/harassment, retaliation monitoring will begin immediately and will continue for the full 90 days as required by policy and standard unless monitoring indicates a continued need. Evidence of retaliation monitoring will be provided to the Auditor during the CAP period for compliance review. During the CAP period, the facility had 3 PREA related incidents reports involving 4 alleged victims. The Auditor's review of these 3 case files confirmed that the alleged victims were monitored for 90 days, or up to the time the case was unfounded, or until the youth released from the facility. An interview with the facility Director further confirmed that the facility is following agency policy to monitor youth and staff, as applicable, for retaliation after reporting an allegation of sexual abuse. The facility has demonstrated compliance with provision (c).

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policies 8.5, 8.7, 8.8, 23.1, 23.2; 115.368 PREA Accountability Statement; Case Files; Observations During Site Visit; Information Obtained from Interviews.
	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

	<p>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. This weekly meeting is a function of the Treatment Team which also invites parent involvement. Medical and mental health staff make daily visits with youth who are on any type of segregated housing status for any reason. The facility indicated there were no occurrences where a resident was placed in isolation/segregation status who alleged to have suffered sexual abuse occurred during the audit period. In addition, interviews with the facility Director, a counselor, 8 security staff, and 2 security supervisors confirmed that the facility does not place youth in segregated housing if they allege a sexual abuse incident has occurred. The facility indicated there were no instances where a resident was placed in isolation who alleged to have suffered sexual abuse occurred during the audit period. The Auditor's review of the 3 case files that were reported during the audit period and an additional 3 case files that were reported during the post audit/CAP period found no evidence that the alleged victim was placed in segregated housing to separate from the offending youth.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5, 22.1, 22.3, 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): 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. Policy 23.1 establishes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Auditor conducted interviews with the</p>

Office of Investigations PREA Unit supervisor and the field investigations supervisor confirming that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data 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. There were 3 allegations of resident-on-resident sexual abuse investigated administratively during the audit period. The Auditor also reviewed 3 additional investigation case files during the post audit/CAP period. The Auditor's review of the investigative files found that a prompt, objective, and thorough investigation was completed; video footage was retrieved and reviewed, and statements were gathered from youth involved and witnesses.

115.371(b): Agency policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution. Documentation of each investigator's training is maintained by the Office of Investigations. The Office of Investigations has a specialized unit to handle PREA investigations consisting of 5 investigators and 1 investigator supervisor. All 6 investigators have completed the NIC Investigating Sexual Abuse in a Confinement Setting training. Additionally, the Auditor reviewed 14 certificates provided for investigators who are not assigned to the PREA Unit. The Auditor reviewed the 3 investigative files and found that all cases were investigated by a specially trained investigator. The Auditor reviewed an additional 3 investigative case files for incidents that were reported during the post-audit and corrective action period finding these to be compliant with provisions of 115.371.

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. An interview with the Office of Investigations PREA Unit Supervisor confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. He confirmed that there were no substantiated cases referred for the prosecution at this facility during the audit period. The

	<p>Administrative Review of one case determined staff failure to act appropriately to the incident and the staff was disciplined.</p> <p>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. An interview with the PREA Investigations Unit Supervisor confirmed that credibility assessments for victims, suspects, and witnesses are being made based on the facts presented and not based on their status as a resident or staff. Documentation found in the investigative files corroborated this practice by investigators.</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. This was further confirmed during an interview with the PREA Investigations Unit Supervisor.</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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 23.1; 23.1 Attachment K, Requirements of a PREA Case; 115.371 PREA Accountability Statement; Case Files; Information Obtained from Interviews.</p> <p>115.372(a): Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Interviews with the Office of Investigations PREA Unit Supervisor and Field Supervisor Investigator confirmed that a preponderance of evidence is the standard used when substantiating a case. The Auditor reviewed the 3 cases investigated during the audit period and 3 additional cases that were investigated during the post audit/CAP period and found a preponderance of evidence was used in determining the final disposition.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1394 416">Evidence Reviewed: Policy 23.1; 23.1 Attachment I; Information Obtained from Interviews.</p> <p data-bbox="280 456 1481 1993">115.373 (a)(c)(d)(e)(f): Policy 23.1 establishes that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. An interview with the facility 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. The agency has created a template, Resident Notification of Investigative Outcome, 23.1, Attachment I, which is used to inform residents of the outcome of an investigation. The auditor's review of the Resident Notification of Investigation Outcome form, confirmed that it includes notification to the alleged victim (where applicable) whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. Additionally, following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no substantiated staff-to-resident allegations of abuse or resident-to-resident allegations of abuse; therefore, no youth were notified of staff or resident reassignments; transfers; resignations; terminations or pending criminal charges. However, the agency requires that residents and reporters be notified of the outcome of an investigation on sexual harassment allegations which exceeds the minimum requirement of this standard. The facility incorrectly reported the number of investigations as 7 and the number of notifications as 6. There were 3 PREA investigations conducted during the 12-month audit period and 4 investigations closed within the same period. The facility provided 5 completed resident notification forms for review; 4 were related to the 3 investigations initiated during the audit period and 1 was reported outside the audit period but closed within the audit period. There were no staff-to-resident sexual abuse or sexual harassment allegations during the audit period.</p> <p data-bbox="280 2033 1433 2069">115.373(b): The DJJ Office of Investigations conducts all investigations, therefore,</p>

	<p>the facility meets this standard through non-applicability.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceeds provision (a).</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 3.80, 23.1; 115.376 PREA Accountability Statement; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): Policy 23.1 establishes that staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency’s sexual abuse or sexual harassment policies, following Policy 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for staff who has 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. There were no substantiated sexual abuse allegations involving staff at this facility during the audit period; however, the Auditor reviewed documentation where an employee was disciplined for not taking appropriate action during an incident to separate two youths who were involved in an altercation related to one of the PREA cases. Interviews with the agency head, PREA Coordinator, 2 Investigators, and facility Director confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously and are dealt with swiftly.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: Policies 14.3, 23.1; 115.377 PREA Accountability Statement; Case Files; 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. Interviews with the agency head, PREA Coordinator, (2) Investigators, and the facility Director confirmed that contractors and volunteers who violate sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable and any relevant licensing body when required.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.8, 23.1, 16.05; 16.05; 115.378 PREA Accountability Statement; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.378(a)(d)(f): Policy 23.1 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre adjudicated youth will not be placed in a treatment program for sexually harmful behavior. The Director of the Office of Investigations refers youth for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because there were no substantiated allegations perpetrated by a resident during the audit period. 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 substantiated allegations; therefore, no youth were disciplined or received counseling for this purpose.</p>

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 staff shall be notified immediately when a youth requires isolation. Notification will include a verbal assessment of the youth to medical services staff. Behavioral health and nursing staff will evaluate the youth for clinical stability following each 4-hour reauthorization which will be documented in an Isolation Consultation progress note. Interviews with mental health and medical staff confirmed that visits to youth in isolation are performed at least daily but generally more frequently. The policy requires that youth have access to legally required educational programming, special education services, and daily large-muscle exercise. Interviews with the facility Director, AD/PCM, counseling staff, and security staff confirmed that youth placed in isolation are monitored strictly by the established policies, and they are allowed daily large-muscle exercises. The facility provided the Behavioral Infractions Grid used to determine codes and severity ratings of infractions and to determine sanctions appropriate to the offense.

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 should 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 behavioral health practitioner confirmed these procedures are implemented at the facility and used when processing all disciplinary cases; however, there have been no PREA related cases within the audit period.

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.

115.378(g): The agency uses the disciplinary procedure for consensually engaging in sexual activities. The facility provided Behavioral Infractions Grid indicating sexual activity among residents is prohibited and violates the facility rules. In addition, interviews with youth confirmed they are aware that any sexual activity is not permitted.

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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; 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 a resident discloses prior sexual victimization or sexual abuse during intake, medical/mental health screening, or health history, whether it occurred in a facility setting or the community, staff will ensure the youth is referred for medical and mental health services within 72 hours of the screening. Staff must address the youth's prior sexual victimization and document the youth's response in the JTS notes. The facility indicated on the PAQ that 100% of those who reported prior victimization received follow-up services. The Auditor reviewed records for 9 youth who disclosed prior victimization during their intake/risk screening. All records indicated that a special incident report was written, notifications were made to the facility Director, investigations, and DFCS as required. Medical was notified and a referral to behavioral health was made in each case. The Auditor reviewed the behavioral health assessments for each of these youth and found they were completed well within 14 days. The Auditor interviewed the intake officer and confirmed the intake procedures when a screening indicates that a resident has experienced prior sexual victimization or perpetration, the facility Director and medical is notified, an SIR is completed, and DFCS is notified. The Auditor interviewed 2 medical and 1 mental health staff and confirmed that the youth is referred for follow-up meetings with a medical and/or medical health practitioner. These interviews also verified that all youth are seen by medical staff within 2 hours of arrival and when a youth discloses prior victimization the healthcare staff makes a referral to mental health and mental health will follow up within 72 hours and refer, as appropriate, to a provider.

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 obtains 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 AD/PCM, intake staff, mental health staff, and medical staff, they confirmed that information obtained during the intake and screening process is protected and only disseminated under strict guidelines, within mandatory reporting guidelines, and when needed to further the individual's treatment and safe management. Informal conversations with staff confirmed the agency's electronic database is password protected and only authorized staff have access to the risk screening information. All youth read (or have read to them) the 23.01 Attachment F, Consent to Disclose Protected Confidential PREA Related Information upon arrival at the

	<p>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 for incidents occurring outside the facility unless the incident occurred in a juvenile facility. Interviews with 12 youth confirmed they are aware that any abuse or harassment reported to/observed by any staff member, contractor, or volunteer will be reported and investigated.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 2.10, 23.1; 23.1 Attachment M, Coordinated Response Plan; 23.2 Attachment A, Facility Coordinated Response to a Sexual Assault Incident; Case Files; 115.382 PREA Accountability Statement; Information Obtained from 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 for emergency medical treatment, 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. The facility has an agreement with Memorial Satilla Health to provide medical services for youth in their care. Interviews with 2 medical staff confirmed that youth would be offered timely information access to sexually transmitted infections prophylaxis at the Emergency Room, 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's review of 3 PREA allegations reported during the audit period found that no youth required intervention or emergency medical treatment due to the nature of the allegations; although a medical examination was conducted on the youth involved in an altercation related to 1 case.</p> <p>115.382(d): Policy 23.1 and 2.10 collectively establish that treatment services are</p>

	<p>provided without financial cost to the youth. This was further confirmed through interviews with 2 medical staff.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 2.10, 23.1, 23.2; NIC PREA Certificates; Job Descriptions/Practitioner Credentials; List of Medical and Mental Health Staff; 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 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 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. Interviews with 2 medical and 1 behavioral health staff confirmed that evaluations, treatment, and referrals are offered timely and according to community level standards. Youth interviews confirmed that mental health counselors are available and accessible.</p>

	<p>115.383(d)(e): The facility houses male and female youth. 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. This was also confirmed during interviews with 2 medical staff.</p> <p>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.</p> <p>115.383(h): 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. This time frame exceeds the 60-day requirement of this standard. In addition, interviews with mental health staff confirmed that a behavioral health evaluation would be conducted with a known abuser within 24 hours of being notified. This procedure was confirmed during an interview with the mental health staff.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard and exceed provision (h).</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment J; 23.1 Attachment M; Incident Review Form; 115.386 PREA Accountability Statements; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Case Files; Completed Incident Reviews; Interviews.</p> <p>115.386(a)(b)(c)(d)(e): Policy 23.1 establishes that each facility and community residential provider will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The 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 reviewed the Sexual Abuse Incident Review Team Meeting Minutes (23.1, Attachment J), which lists the team members (by signature) who reviewed the case. This form requires the team to consider all actions delineated in</p>

1-5 of provision (d). The completed form constitutes the written report of the team's findings, and any improvement recommendations noted. This report is submitted to the Director and PCM. An interview with the facility Director and Assistant Director confirmed that any reasonable recommendations made by the PREA Incident Review Team would be implemented. Interviews were conducted with 4 incident review team members and they were all knowledgeable about their responsibilities as a review team member. There were 3 resident-to-resident sexual abuse allegations reported and investigated during the audit period and all were deemed unsubstantiated. The facility provided an incident review for 1 of the cases which was completed within 10 days of the case closure; however, they were not able to provide an incident review for the other 2 cases resulting in non-compliance with this provision. As a result, the facility entered a 180-day corrective action period to remedy this deficiency.

CORRECTIVE ACTION TAKEN: The facility Director provided a written CAP that explained procedures to ensure an incident review is conducted on all substantiated and unsubstantiated cases. Also, a review was completed on the 2 remaining cases from the audit period. Based on information from the PREA Specialist, the facility received 3 allegations that were investigated and closed during the CAP period. The Auditor's review of these 3 cases verified that an incident review was completed on the designated form. An interview with the facility Director confirmed that the practice of completing an incident review on all substantiated and unsubstantiated cases is well-established.

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 8.5 and 23.1; 23.1 Attachment K, Requirements of a PREA Case; PREA Annual Reports 2019-2022; Survey of Sexual Violence (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 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</p>

	<p>reviews. The Auditor was provided the most recent SSV (2022) and 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. She further confirmed the SSV is completed and submitted to the DOJ as requested. The yearly comparison report is included each year in the annual report dating back to FY2013.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 8.5 and 23.1; PREA Annual Reports 2019-2022; 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 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.</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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>Evidence Reviewed: Policies 5.1; 23.1; DJJ Website; PREA Annual Reports 2019-2022; SSV Report 2022; 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, all data collected is securely retained in the agency's computer database with restricted access. Paper files are stored securely locked filing cabinets in a secured room with 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 from contracted facilities prior to 2023.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Website 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 22, 2021, with a final report date of May 12, 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 full access to the facility and surrounding grounds.</p> <p>115.401(m): A private office just off the multi-purpose room was provided to the Auditor for conducting interviews with residents. The room was comfortable and allowed the auditor to privately interview each individual.</p> <p>115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility on January 5, 2024, with instructions for posting. These notices were</p>

	<p>conspicuously posted per the Auditor's instructions on January 17, 2024, and photos of the postings were provided to the Auditor by email for verification of posting. During the site visit the Auditor observed these notices posted and they were accessible, easy to read, and in good repair. 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 AOCII, the Auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received by the Auditor on behalf of the facility. The Auditor instructed the facility to leave the Audit Notices in place until the Final Report is issued.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The Auditor confirmed through a search of the agency's public website and an interview with the PREA Coordinator that Final Audit Reports of all DJJ facilities and those facilities under contract with DJJ are posted on the agency's website at https://djj.georgia.gov/prea-reports.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

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

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

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

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

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

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

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

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

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

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes