

PREA Facility Audit Report: Final

Name of Facility: Atlanta Youth Development Campus

Facility Type: Juvenile

Date Interim Report Submitted: 06/06/2022

Date Final Report Submitted: 08/17/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☒
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☒
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.	☒
Auditor Full Name as Signed: Sydney Lofton	Date of Signature: 08/17/2022

AUDITOR INFORMATION	
Auditor name:	Lofton, Sydney
Email:	sydneylofton@gmail.com
Start Date of On-Site Audit:	04/20/2022
End Date of On-Site Audit:	04/21/2022

FACILITY INFORMATION	
Facility name:	Atlanta Youth Development Campus
Facility physical address:	5651 Stonewall Tell Road, College Park, Georgia - 30349
Facility mailing address:	

Primary Contact	
Name:	Wayne Dashield
Email Address:	wayne.dashield1@djj.state.ga.us
Telephone Number:	404-858-4226

Superintendent/Director/Administrator	
Name:	Wayne Dashield
Email Address:	wayne.dashield1@djj.state.ga.us
Telephone Number:	404-858-4226

Facility PREA Compliance Manager	
Name:	Consuelo Griffin
Email Address:	Consuelo.Griffin1@djj.state.ga.us
Telephone Number:	O: 770.306.6600

Facility Health Service Administrator On-Site	
Name:	Angela Garrett
Email Address:	angelagarrett@djj.state.ga.us
Telephone Number:	770.306.6594

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	38
Average daily population for the past 12 months:	36
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-20
Facility security levels/resident custody levels:	Medium/High
Number of staff currently employed at the facility who may have contact with residents:	66
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	36

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:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

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

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:	
0	
Number of standards met:	
43	
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:	2022-04-20
2. End date of the onsite portion of the audit:	2022-04-21

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	38
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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:	36
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:	7
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
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:	0
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:	0
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:	4
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	66
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:	36
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:	13
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Methodology for randomly selecting residents included: 1. Reviewing current housing roster 2. Choosing residents from each roster 3. Making sure to include residents who had been at the facility for the longest, shortest and average times. 4. Observing residents' stature and demeanors during facility tour—and choosing those of varying statures and demeanors.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	6
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	2
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Based on document reviews, interviews with staff and residents; and observations made while on-site, there were no residents identified for this targeted population.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Due to the current resident population, it was hard to find residents that fit into the specific targeted populations, hence, the auditor oversampled each targeted population whenever possible; additionally, the auditor over sampled the randomly selected residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	9
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☒ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
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):	During the entire on-site phase of the audit, there were only 9 POST certified staff to select for random interviews. In an effort to gather as much information as possible, the auditor interviews non-certified staff who served to meet minimum requirements due to exigent circumstances. In doing so, 13 staff were interviewed using the random staff protocol.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13

76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☒ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☒ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☒ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ 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)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

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

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.).

No text provided.

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual harassment or sexual abuse reported in the past 12 months. This was corroborated with interviews with Staff, a review of relevant documents and resident and employee records.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0

a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment or sexual abuse reported in the past 12 months. This was corroborated with interviews with Staff, a review of relevant documents and resident and employee records.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ 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?	☐ Yes ☐ No ☒ 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.	No text provided.
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
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Pre-Audit Questionnaire (PAQ) Prison Rape Elimination Act (PREA) Policy , 23.1 Agency and Facility Organizational Charts INTERVIEWS: PREA Compliance Manager PREA Coordinator 115.311(a): The facility has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Policy 23.1 Prison Rape Elimination Act (PREA) outlines the facility's approach to preventing, detecting, and responding to such conduct. The approach includes maintaining proper staff to resident ratios, recognizing group dynamics and changes of behavior, making appropriate notifications, and writing incident reports when allegations are made. PREA Policy 23.1 also includes detailed definitions of prohibited behaviors in Section III: Definitions. Page 2: PREA Policy 23.2 includes detailed definitions of prohibited behaviors in Section II: Definitions, Pages 1-2. Based on further review of the policy with regards to disciplinary sanctions, the policy explains that residents 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 with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. The policy further explains that the Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The policy also advises that the agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact; and the facility does not allow 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. According to the Facility Director, the resident's placement and housing is changed as a result of allegations being made to ensure the perpetrator and victim have no further contact with each other. If these arrangements can not be made due to lack of housing options, the perpetrator will be placed in another facility. No Corrective Action Needed. 115.311(b): According to the PAQ, the agency has a PREA Coordinator that is an upper-level management employee as confirmed on the presented organizational chart. Based on an interview with the agency's PREA Coordinator, there is sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. There is no corrective action needed. 115.311(c): The facility has a designated PREA Compliance Manager. On the organizational chart, this position is listed as the PREA Compliance Manager/Assistant Director and reports to the facility's Director. Based on an interview with the facility's PREA Compliance Manager, there is sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. There is no corrective action needed. Determination of Compliance: Meets Standard A careful analysis of the organizational chart, documents reviews, interviews with the PREA Coordinator and the PREA Compliance Manager; and on-site observations supports that the facility shows substantial compliance with this standard; and there is no identified need for corrective action

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS Contracts Administration Policy 2.16 of Georgia PREA Audit Final Report PREA Policy, 23.1 Mended Promises of Columbus - RBWO Final PREA Audit Report Chris 180 ILP - Executed Sybil's House Inc. Announced Audit DJJ Residential Safety Review 2021 Chenault Youth Services INTERVIEWS: Agency Contract Administrator 115.312(a): Based on a review of the PAQ and an interview with the Agency Contract Administrator, the agency has entered into or renewed 34 Room Board and Watchful Oversight (RBWO) contracts for the confinement of residents since the last audit. Six of those contracts require for contractors to adopt and comply with PREA standards. 115.312(b): 23.1 PREA Policy, requires new contract or contract renewals with public and private entities for the confinement of youth as well as contracts for professional services for youth to include the entity's obligation to adopt and comply with PREA standards. All contractors, to include Residential Providers, must ensure that all PREA incidents are reported to DJJ Office of Investigations. According to information uploaded in the PAC and the Agency's PREA Coordinator, the Georgia Department of Juvenile Justice contracts with residential providers for the confinement of residents. The number of Room Board and Watchfull Oversites (RBWO) Contracts is 34; of those 6 require the agency to monitor contractor's compliance with PREA. The Agency PREA Coordinator further explained that the Division Of Community Services, Office of Residential & Community-Based Services conducts annual internal audits of all sites; and the unit monitors the number of vendors who DJJ has that would meet the criteria for a PREA audit. All contracts have the language of PREA in the contracts. Determination of Compliance: Meets Standard

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion DOCUMENTS: Pre-Audit Questionnaire (PAQ) Roster of Teachers, JD Counselors, and Rec Staff completing the PREA ratio training Policy 8.20 Room Checks Policy 23.2 Sexual Assault Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) List of Cameras and Locations 115.313 8. CCTV Logs (1st, 10th and 20th of the Months 115.313 2. Policy 8.1 Security Management Policy 23.1 Prison Rape Elimination Act (PREA) Policy 8.2 Administrative Duty Officer List of Doors with Restricted Area Youth Not Allowed PREA Unannounced Rounds Documentation Secure Facility Staffing Report (ratio report) 1st, 10th, 20th month 115.313(a): Although the agency has policies and procedures in place that requires the facility to operate, develop and document its best efforts to comply with the staffing plan on a regular basis, it has been determined that the facility does not regularly comply with staffing plans that provide adequate staffing levels in accordance to the agency/facility related policies; in that at least on 2 occasions during the time being reviewed during this audit, residents were found to be on housing unit with no staff present (security nor non-security staff). A review of the PAQ revealed that on at least one occasion during the period being reviewed for this audit, BRAVO unit was found to not have a staff present during an unannounced round conducted by the designated staff. Additionally, during the on-site portion of the audit, a resident disclosed to the auditor that his unit currently has all the residents out of their rooms playing cards and taking showers with no staff present. Upon following-up on the resident's disclosure, 4 staff and 3 other residents confirmed that Charlie unit was without any staff (neither security nor non-security staff) for a period of time just prior to the auditor arriving on said unit. Upon confirming that the resident's disclosure was factual, the auditor immediately notified a Central Office Staff (that was present on the site of the facility) and was advised by that staff that this information was shared upward. The Central Office Staff asked the auditor to write a witness statement; to which the auditor obliged. At the time of this interim report, no further information regarding what measures were put in place to ensure that this type of incident does not occur again. Interim Determination: Corrective Action Needed. Final Determination: At the time of the final report, the Agency's PREA Coordinator advised that the facility and agency has taken appropriate steps in addressing the staff involved; and have updated their recruitment and retention efforts for the agency and the facility. See the Corrective Actions Taken section at the conclusion of this category for more details. 115:313(b): Based on the PAQ, the facility/agency is obligated by law regulations or judicial consent degree to maintain staff and ratios at a minimum of 1:8 during waking hours and 1:16 during sleeping hours. However, there have been at least 2 times in the past 12 months that these staffing levels were not maintained as referred in 115.313(a). Additionally, the facility did not follow guidance provided in Policy 8.1 with regards to addressing the need for POST Certified staff. Policy 8.1: Security Management; Section V, Subsection B states that all facilities will meet the minimum staffing requirements for each shift. All areas that are occupied by youth must be supervised by post certified JCO. Staffing pattern should provide for adequate security and supervision for juveniles. Section G of the policy states that if an insufficient number of security staff report for duty to meet minimum coverage requirements, the senior official initial call-in or hold over sufficient officers to meet the minimum requirements. The policy further advises in Section H that in the event of emergencies, the Facility Director or Designee will contact the respective Regional Administrator of Secure Facilities to obtain POST Certified Officers from another facility. In the event that additional offers are needed, the Deputy Commissioner of Secure Facilities and Chief of Staff must authorize a temporary use of any POST Certified Officers from another agency.

The facility is currently using non POST Certified/non-Security Staff, such as Counselors, Education, Mental Health, and Administrative Support Staff to meet minimum staffing requirements as a prevailing practice; and on a regular basis (not just for unforeseen, emergency/exigent circumstances).

A review of 34 Secure Facility Staffing reports (that are reported 3 dates per month) indicates that for the past 12 months, staff from mental health, education, recreation, administrations and counselors were used to meet minimum staffing levels on 27 of the 34 times reported (79%).

Interviews with non-secure staff revealed that they are often used to meet minimum staffing requirements without the presence of a POST Certified officer present. Both security and non security staff expressed safety and security concerns for themselves and the residents due to the staffing, the use of holdovers, the numbers of hours worked in a week and the number of call-outs.

Interim Determination: Corrective Action Needed.

Corrective Actions Taken and Final Determination is discussed in the conclusion of this section.

115.313(c): Document reviews of the unannounced rounds and the staff ratio reports (that are submitted 3 times a month) revealed that the facility has had to deviate from staffing plan 27 of the 34 presented reports—which represents a deviation rate of 79%. Although there are consistent deviations to the staffing plan (i.e., using non-certified staff to meet minimum requirements; and failure to maintain staffing ratios while in the housing units), the facility did not provide any reason for the deviation of staffing plan. Nor did the facility follow Policy 8.1 Sections G and H as described in provision 115.313(b).

Interim Determination: Corrective Action Needed.

Corrective Actions Taken and Final Determination is discussed in the conclusion of this section.

115.313(d): Although the facility reviews and submits staffing plan ratios on the 1st, 10th, and 20th of each month, there is no justification of the reason for the deviation; but rather, the report simply lists the category of staff used to meet minimum requirements. Further review of the reports revealed that non-security staff are used to meet minimum requirements at the rate of 79%.

Additionally, a review of the reports and unannounced rounds revealed that at least on one occasion, residents on Bravo unit were observed with no staff on the unit during the overnight shift. Similarly, during the onsite phase of the audit, Charlie unit was confirmed to have residents out of their rooms and taking showers without any staff present on the unit as referenced on 115.313(a).

Interim Determination: Corrective Action Needed

Corrective Actions Taken are discussed at the conclusion of this section.

115.313(e): Based on an interview with the Intermediate/Higher Level Facility Staff, the facility has a process in place to ensure that unannounced rounds are conducted. The purpose of the unannounced rounds is to identify and deter staff sexual abuse and sexual harassment.

The Intermediate/Higher Level Facility Staff further explained that in order to keep staff from alerting other staff that the rounds are being conducted, the staff making the rounds do so at random—to include varying times, days of the week and sequences of the round locations.

No Corrective Action Needed

Interim Determination of Compliance: Does Not Meet Standards

After careful analysis, it is determined that Corrective Actions are needed with regards to staffing, maintaining staff to resident ratios with Post Certified JCOs.

Corrective Actions Taken and Final Determination of Compliance: In addition to ensuring to follow Policy 8.1 whenever deemed appropriate, the agency created a statewide recruitment plan, placing high priority on the following position: Juvenile Correctional Officers; Juvenile Detention Counselors; and Food Service Workers.

The agency and facility placed immediate corrective action measures in place to ensure that non-security staff are only used in exigent circumstances and are never left to supervise residents without the presence of a POST-Certified staff.

Any deviation of following the staffing pattern is immediately reported. Staff retention and recruitment efforts continue to be ongoing for the facility and agency wide.

Based on the corrective actions taken and the ongoing attention to this matter the final determination of compliance is meets

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion DOCUMENTS: Pre-Audit Questionnaire (PAQ) Roster of Teachers, JD Counselors, and Rec Staff completing the PREA ratio training Policy 8.20 Room Checks Policy 23.2 Sexual Assault Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) List of Cameras and Locations 115.313 8. CCTV Logs (1st, 10th and 20th of the Months 115.313 2. Policy 8.1 Security Management Policy 23.1 Prison Rape Elimination Act (PREA) Policy 8.2 Administrative Duty Officer List of Doors with Restricted Area Youth Not Allowed Letter of Statement of Facility Justification for maintaining ratios Facility Annual Staffing Report PREA Unannounced Rounds Documentation Secure Facility Staffing Report (ratio report) 1st, 10th, 20th month INTERVIEWS: Random Residents (16) Random Staff (9) Transgender Residents (0) Agency Contract Administrator PREA Compliance Manager OBSERVATIONS: Facility Tour Pre-Audit Questionnaire (PAQ) 115.315(a): Based on a review of presendted documentation, the PAQ, interviews with staff and residents; along with site observations, the facility does not conduct cross-gender strip searches; nor does the facility conduct cross gender visual cavity searches of the residents. Although there has been no such occurrences, Policy 8.22: Searches and Contraband Control, Section IV: Body Searches, Pages 3-5 explains that all body cavity searches will be conducted by a qualified medical personnel that are not employed or contracted with the Department. A special incident report must be completed for each body cavity search in accordance to agency policy 8.5, Special Incident Reporting. Further, PREA Policy 23.1 Section IV Prevention Planning (Strategies and Responses to Reduce and Prevent Sexual Abuse and Sexual Harassment), pg 5 indicates that the facility will not conduct cross-gender strip and body cavity searches of youth. In addition to DJJ 8.22, Searches and Contraband Control, cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional orders of the facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. No Corrective Action Needed. 115:315(b): According to the PAQ, the facility does not allow cross-gender pat-down searches of residents, absent exigent circumstances There have been no incidents involving cross-gender pat down searches reported during the past 12 months. Although there have been no such incidents, PREA Policy 23.1 Section IV: Prevention Planning (Strategies and Responses to Reduce and Prevent Sexual Abuse and Sexual Harassment) pg 7 explains that DJJ staff responsible for searches will be trained in conducting cross- gender pat down searches and searches of transgender and intersex residents in a professional, respectful manner, and in the least intrusive manner possible, consistent with security needs. Further, the policy explains that the gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of confinement and should take into consideration

the gender expression of the resident. The facility will also use information from DJJ 23.3, LGBTI Attachment A: Transgender/Intersex Declaration of Preference Statement when deciding a case-by-case determination.

Based on interviews with 16 randomly selected residents and 9 randomly selected staff, there have been no occurrences of cross gender pat-searches in the past 12 months.

No corrective action needed.

115.315(c): Based on Policy 8.22, Chapter: Safety, Security and Control; Subject: Searches and Contraband Control, the facility; Section IV: Body Searches, Pages 4-5, searches are conducted by POST Certified Officers. When possible, at least 2 staff members will be present for strip searches and frisk (pat down) searches. Prior to a search, the person being searched will be informed of what is about to happen and given instructions. Youth will be asked in advance of the search to turn in any contraband.

The Policy also explains that strip searches are to be conducted in an area that provides privacy by trained correctional officers of the same sex as the youth being searched. When a same-sex staff member is not available, the person to be searched must be kept under constant visual supervision in a secure location until a same-sex staff member is available to conduct the search. Searches of intersex youth will be conducted in accordance of DJJ 23.3, LGBTI.

According to the policy:

1. A strip search will be conducted upon intake, after visitation, during facility wide searches, when the youth is suspected of possessing contraband, or upon return from outside details or activities.
2. A strip search may be conducted after any kind of internal disturbance.
3. The entire body will be visually checked, including hair, ears, mouth, armpits, hands, pubic region, between toes, soles of feet, outside rectum, and inner portions of legs.
4. Searching staff will not touch the body during a strip search.
5. Clothing and personal property will be thoroughly hand searched for contraband. Shoes will be examined for split soles, false linings, and removable insoles or heels.
6. After a strip search, a youth will not be allowed back into the visitation area until the area has been searched by staff.

Interviews with 9 randomly selected security staff and 16 random residents confirmed that there has been no instance of cross-gender strip searches in the past 12 months.

Further, according to Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), Section E: Searches and Supervision; Page 6, DJJ staff responsible for searches will be trained in conducting cross-gender pat down searches.

Searches of transgender and intersex youth should be conducted in a professional, respectful manner and in the least intrusive manner possible, consistent with security needs. In circumstances where a youth requests to be searched by a staff of different biological gender, DJJ will consider: the gender of the staff member searching a transgender or intersex resident; and will depend on the specific needs of the individual youth; the operational concerns of the facility; and in consideration with the gender expression of the resident, in accordance with DJJ 23.1, PREA.

The facility does have a process in place to log and generate an incident report in the event of cross-gender searches of any kind being conducted in exigent circumstances.

No Corrective Action Needed.

115.315(d): According to the Facility Local Operating Procedure (LOP) Shower Process or Post Order, The following steps will be followed to prevent any PREA Standard (115.315) violations.

1. Staff will advise youth of their shower times and instruct them to gather all items that are required for the shower.
2. Youth will be directed to the appropriate shower stall.
3. Youth will be instructed to place all clothing items within reach.
4. Youth will undress in the shower stall with the curtains closed.
5. The shower process will begin; staff will monitor.
6. Youth are to remain in the shower stall until they are fully dressed.
7. Youth will be fully dressed upon exiting the shower.

According to the PAQ, the facility has policies and procedures in place that require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily

functions, or changing clothing.

Based on interviews with 16 randomly selected residents and observations made during the onsite portion of the audit, the facility does not make announcements when a staff of the opposite gender enters the housing unit.

Interim Determination: Corrective Action Needed;

Final Determination: Corrective Actions were immediately implemented and addressed aforementioned concerns.

115.315(e): According to Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), Section E: Searches and Supervision; Page 6, Section E. Searches and Supervision, LGBTI youth will not be physically searched for the purpose of determining the youth's physical anatomy. The policy further explains that staff will provide transgender youth with safety and privacy, in accordance with policy, when using the shower and bathroom and when dressing and undressing.

Transgender or intersex youth will not shower or undress in front of other youth. The facility will include in the Local Operating Procedure the process; the required staff gender to conduct the showers; and shower times in accordance to PREA Policy 23.1.

There were no transgender residents at the facility to interview during the onsite portion of the audit. Records indicate that there has been no transgender resident at the facility in the past 12 months.

No Corrective Action Needed.

115.315(f): Based on the information presented in the PAQ, 100% of security-staff were trained on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility uploaded the training curricula, links to training videos, and PowerPoint slides into the PAQ.

This information was reviewed during the document review process.

Interviews with 9 randomly selected security staff confirmed that the staff received training pursuant to this provision. Staff were able to clearly demonstrate and articulated methods of conducting a cross-gender pat-down search as taught to them in the training video.

Although staff have been trained on how to conduct such cross-gender searches, there are no cross gender searches conducted at this facility. This was corroborated through staff and resident interviews and well as observations.

No corrective action needed.

Interim Determination of Compliance: Does Not Meet Standard

Information gathered in interviews and observation indicate a need for corrective action pertaining to staff of the opposite gender announcing their presence when entering the housing unit.

Corrective Action Taken:

The facility ensured that all staff review the PREA Standard for Cross Gender Announcements when entering the units.

All staff signed an acknowledgement form stating that they have reviewed and understand that when entering the unit of the opposite sex, they will announce their presence by speaking loud and clear for youth to hear the announcement.

Final Determination of Compliance: Meets Standard

The facility immediately implemented the corrective actions and provided documentation to support the implementation.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: List of Special Education Teachers Deaf or Hard of Hearing ACA Policy 15.10 Language Assistance Services DJJ Website Translations Policy 23.1 Prison Rape Elimination Act (PREA) Policy 15.10 Attachment A - Language Assistance Services Providers Special Education Teachers Certificates INTERVIEWS: Agency Head Random Staff (13) Random Residents (16) Residents with Limited English Proficiency or Disability (0) OBSERVATIONS Facility Tour Intake - Interpretation Services Poster Language Identifier Poster 115.316(a) Based on the presented documentation and an interview with the Agency Head, the agency has established procedures to residence with disabilities and residence who are limited English proficient. The said services are coordinated with the Department of Juvenile Justice, Office of Education. The agency has contracted providers to respond as needed. Services include, language assistance, deaf of hearing, and special education; and are provided at no cost to the resident. It was determined, based on a tour of the facility; a review of resident records; interviews with random and specialized residence; and information provided by the PREA Compliance Manager, that the facility did not have any residents with disabilities or residents with limited English proficiency during the time of the audit. Hence, no resident in that targeted category was interviewed. However, the agency and facility does have policies and practices in place to ensure that residents in this targeted population are provided 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. No Corrective Action Needed. 115:316 (b): Based on a tour of the facility, review of resident records, interviews with random and specialized residence and information provided by the PREA Compliance Manager, the facility did not have any residents with Limited English Proficiency during the time of the audit. Hence, no resident in that category was interviewed. Policy 15.10, Attachment A, has a detailed list of Language Assistance Service Providers. These services are provided at no cost to the resident. During the onsite phase of the audit, the auditor called the Language Assistance number and confirmed it was operable. No corrective action needed. 115:316(c): During the on-site portion of the audit, there were no residents identified with disabilities or Limited English Proficiency. This was corroborated by observations made during the facility tour, a review of resident files, and interviews with the PREA Compliance Manager, Education, Medical and Mental Health Staff. Hence, interviews with residents in those categories could not be conducted. Based on interviews with 13 randomly selected staff (to include security, educational and intervention specialist and

counselors), the facility does not allow the use of resident interpreters, resident leaders, or any other type of resident assistance related to interpretation.

The facility has a process in place that ensure that residents have access to contracted interpreter service providers. This service provides the residents with access to agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents with Limited English Proficiency.

Interviews with 16 randomly selected residents confirmed that during intake, their attention is directed to a poster that lets them point to the language that they speak. If they point to a language other than English, the staff will ensure that interpretation services are provided. This poster was observed by the auditor during the tour of the facility.

Based on the PAQ, there have been no instances in the past 12 months where a resident was used as an interpreter.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

Based on information gathered from interviews, observations and a careful analysis of documents, the facility has demonstrated substantial compliance with the standards. No corrective actions are needed.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: DHS Division of Family and Children Services Child Abuse Registries.pdf POST Officer Certification.pdf List of Promotion with Background Checks.pdf List of New Hire with Background Check.pdf Policy 3.52 Background Investigations Policy 23.1 Prison Rape Elimination Act (PREA) PREA Employment Questionnaire for Promoted Staff.pdf List of Non-Security Staff Five-Year.pdf PREA Employment Questionnaire for all other that interviewed for jobs at the facility.pdf Initial PREA Employment Questionnaire all Staff.pdf INTERVIEWS: Administrative (HUMAN RESOURCES) Staff OBSERVATIONS Facility Tour- Human Resources/Admin Records/File Storage Area 115.317(a):Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3, Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. 115.317(b): Based on an interview with the Administrative (Human Resources Staff), the facility is required to determine if all prospective employees that are being considered for promotions, have any of the following: Any allegations of sexual assaults; Sexual Harassment and/or; any Civil/Administrative liabilities for misconduct Each applicant is required to complete 1. A PREA Attachment D of Policy 23.1: Prison Rape Elimination Act; 2. PREA Employee Questionnaire, as a part of the interview process. 3. Criminal History Background Check (CHU), applicant must receive a clearance from criminal history unit. 4. PREA Acknowledgement for has to be complete by each applicant, this document is part of the New-Hire packet. 5. Fingerprint Registration, GBI-GCiC/FBI-NCIC complete a fingerprint check and background investigation has been complete and a determination letter or denial letter is provided for each applicant. 6. New-Hire Orientation, trainees complete PREA On-line Training. 7. Each department manager/supervisor conducts a presentation during new-hire orientation regarding the services provided by their department. During that time trainees are given the opportunity to ask any questions/concerns regarding what their responsibilities consist of if a PREA incident was to occur in their presence.

Further, employees and those up for promotion must have PREA Refresher courses and criminal background checks. Note subsequent criminal History Background checks (PREA Check) are conducted on all employees every 5 years.

Based on document reviews, initial and subsequent background checks are occurring as required.

115.317(c): The agency has a policy that requires (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Based on presented documentation in the PAQ, there have been 50 individuals that were hired in the past 12 months.

An interview with the Administrative Human Resources Staff confirmed that the facility performs criminal record background checks for all newly hired employees and those who are being considered for promotion in accordance to the requirements of this standard.

Randomly selected employee files confirm the the practice is followed.

No corrective Action Needed.

115.317(d): Based on information provided in the PAQ, the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. Randomly selected employee/contractor files confirm the the practice is followed. An interview with the Administrative Human Resource staff further confirm adherence to the policy.

No Corrective Action Needed

115.317(e): Policy 3.52 Background Investigations; Section VI: Periodic Background Checks; Subsection A, Pages 9-10, requires that background checks to be conducted on current employees and contractors every 5 years.

An interview with the Administrative Human Resource Staff, confirms that the Criminal History Unit conducts the criminal history checks, for all current employees and contractors and the criminal history is done a minimum of every five years. Also, for employees seeking promotion, they must undergo a criminal history check, even if it is before 5 years since their last criminal history check.

No Corrective Action Needed.

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

Based on an interview with the Administrative Human Resources Staff, the agency is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment and/or any civil/administrative liabilities for misconduct prior to employment or promotion.

Each applicant is required to complete Policy 23.1 Prison Rape Elimination Act, Attachment D: PREA Employment Questionnaire as a part of the interview process. Additionally, the Administrative Human Resources Staff explained that the process for employees continuing affirmative duty to disclose any such previous conduct is documented on the mid-term performance appraisal and final performance appraisal,

Based on information presented the PAQ, a review of the related policies and a review of randomly selected files, it is determined that there is No Corrective Action needed for this standard.

115.317(g): A review of Policy 3.52 Background Investigations; Section IV: General Procedures; Subsection H, Page 6-7 confirms that written statements made by an applicant for DJJ employment on applicable State and Department forms (e.g., the State of Georgia Application for Employment, the State of Georgia State Security Questionnaire Loyalty Oath, and the Department of Juvenile Justice Authorization for the Release of Information and Penalties for Falsification Form) will be deemed to have been made under oath, as provided for by state law. Falsification or misrepresentation of information, including criminal history, may result in the withdrawal of an employment offer or the separation of an employee.

No Corrective Action Needed.

115.317(h): A review of Policy 3.52 Background Investigations; Section VIII: Access to Criminal Record Information; Subsection E, Page 11-12 confirms that unless prohibited by law, the Department's Office of Human Resources will provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

An interview with the Administrative Human Resources Staff confirmed this practice.

No Need for Corrective Action

Determination of Compliance: Based on a triangulation of information found in the PAQ, interviews, electronic confirmations and a review of employee files, it determined that the facility meets standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS Policy 8.15 Video Cameras Policy 23.1 Prison Rape Elimination Act (PREA). INTERVIEWS: Agency Head Facility Director PREA Compliance Manager OBSERVATIONS: Cameras/Electronic Monitoring Devices Housing Units Showers and Bathrooms 115.318(a): Information presented in the PAQ indicates that the facility has made substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit. 115.318(b): Based on a review of Policy 23.1 PREA, Section: 115:318 Upgrades to Facilities and Technology; Subsection: FF-GG pages 10. when the agency designs or acquires a new facility or is planning substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse. Further, the policy explains that the installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. Youth will not be recorded or viewed when showering, performing bodily functions, or changing clothing. CCTV will not be installed in youth rooms. According to the Agency Head, The agency uses technology to provide additional supervision and monitoring of staff and youth interactions. The Agency Head further explained that whether installing or updating newly installed monitoring technology, the agency strives to have technology that will enhance the agencies ability to provide said monitoring and utilize the monitoring to address violations in policy, improve supervision practices, or acknowledge good practices. During the facility tour of the entire campus, including the housing units and shower areas, monitoring and camera placement was observed. No Corrective Action is Needed. Determination of Compliance: Meets Standard

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Local Hospital Agreement Policy 23.2 Sexual Assault Email SANE Nurse Agency Utilization Policy 23.1 Prison Rape Elimination Act (PREA) Policy 2.10 Payment of Youth Medical Expenses Property and Evidence & Receipt for Property Policy 8.42 Crime Scene Preservation Requirements of a PREA Case Policy 22.3 Internal Investigations List of Mental Health Staff with Licenses and Background checks List of Medical Staff with Licenses and Background check INTERVIEWS: Random Staff (13; 9 security, 4 non-security) PREA Compliance Manager Residents who Reported Sexual Abuse(0) OBSERVATIONS: PREA Reporting Hotline Housing Units 115.321(a): Based on a review of the PAQ, the agency/facility is responsible for conducting both administrative sexual abuse investigations and criminal sexual abuse investigations—including resident on resident sexual abuse and staff sexual misconduct. The PAQ also indicates that the agency/facility investigators follow a uniform evidence protocol when conducting a sexual abuse investigation. Based on document reviews and agency/facility policies posted in the PAQ and a comparative analysis to the most recent addition of the DOJ's Office on Violence Against Women publication: A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents; or similarly comprehensive and authoritative protocols developed after 2011, the agency has demonstrated that there is sufficient technical detail to a responder in obtaining usable physical evidence for administrative and or criminal sexual abuse investigations in accordance to this provision. Nine randomly selected security staff were interviewed. Each staff was able to articulate and demonstrate how to obtain usable physical evidence. The random staff responses included: 1. Separate the alleged victim and alleged perpetrator when an alleged sexual abuse incident has occurred; 2. Instruct the victim and the perpetrator not to wash hands/shower, brush teeth, change clothes, or clean anything that that might be considered evidence. 3. Secure the scene and make notifications to supervisors. No Corrective Action Needed 115:321(b): Based on document reviews and agency/facility policies posted in the PAQ and a comparative analysis to the most recent addition of the DOJ's Office on Violence Against Women publication: A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents; or similarly comprehensive and authoritative protocols developed after 2011, the agency has demonstrated that there is sufficient technical detail to a responder in obtaining usable physical evidence for administrative and or criminal sexual abuse investigations in accordance to this provision. Additionally, a review of the protocol confirms that the information is developmentally appropriate for youth. No Corrective Action is Needed. 115.321(c): Based on presented documentation in the PAQ, the facility has a process in place to ensure that all residents

who experience sexual abuse, have access to forensic medical examinations without financial cost to the residents.

Further, the agency ensures that such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and other qualified medical practitioners (if a SAFE or SANE Nurse is not available). Forensic Medical Examinations and Sexual Assault Nurse Examinations occur at the local hospitals.

The PAQ also indicates that there have been no forensic medical exams conducted during the past 12 months. A document review of incident report logs, resident medical records and other logs created to capture such incidents corroborate that there have been no incidents in the past 12 months that would have required a forensic medical exam for sexual assault.

No corrective action needed.

115.321(d): Based on information provided in the PAQ, a document review and an interview with the PREA Compliance Manager, the agency makes available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency has a process in place to provide these services by a qualified staff member from a community-based organization, or a qualified agency. The facility partners with the Children's Healthcare of Atlanta to provide such services.

No Corrective Action Needed.

115.321(e): Based on an interview with the PREA Compliance Manager and information provided in the PAQ, if requested by the victim, a victim advocate; a qualified agency staff member; or a qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews; and will provide emotional support, crisis intervention, information, and referrals when needed.

No Corrective Action Needed.

115.321(f): The agency does not rely on another agency to conduct administrative or criminal investigations. The agency is responsible for conducting their administrative and criminal sexual abuse investigations. Hence, this standard is not applicable.

115.321(g): The auditor is not required to audit this provision.

115.321(h): This standard is Not Applicable. According to the guidelines set forth in the Auditor Compliance Tool, the answer to this provision is considered N/A since the agency attempts to make a victim advocate available to victims from a Rape Crisis Center.

No corrective Action Needed.

Determination of Compliance: Meets Standard

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS Policies to ensure referrals of allegations for investigations Policy 22.3 Internal Investigations Policy 23.1 Prison Rape Elimination Act (PREA) Policy 8.5 Special Incident Reporting Policy 14.3 Citizen And Volunteer Involvement Requirements of a PREA Case INTERVIEW: Agency Head 115.322(a):According to information provided in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Based on the policy 23.1 PREA; Section V Responsive Planning, Subsection 115.322: Policies to ensure Referrals of Allegations for Investigations, Page 12, Facility Directors will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation in accordance with DJJ 8.5, Special Incident Reporting. Further, the policy indicates that the Director of Investigations will ensure that all allegations 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 must follow the procedures in accordance with DJJ 22.3, Internal Investigations. All sexual abuse allegations will be referred for administrative investigations; and those that are determined to be criminal in nature will be referred for criminal investigations. Each allegation and investigation will be documented and every investigation will be completed. According to the PAQ, there have been zero allegations of sexual abuse and sexual harassment made in the past 12 months. 115.322(b): Policy 8.5, III General Procedures, Page 4, requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Based on presented documentation and information provided in the PAQ, the agency documents all referrals of allegations of sexual abuse and sexual harassment on via a Special Incident Report and an incident report log. Further, the presented documentation and information provided in the PAQ, along with an interview with an Investigative Staff confirms that the agency has legal authority to conduct both administrative and criminal sexual abuse allegations. The agency's policies are made available to the public via the website: www.djj.state.us. No Corrective Action is Needed. 115.322(c): Not Applicable. This provision is N/A since the agency conducts its own criminal sexual abuse investigations and have the legal authority to do so. 115.322(d): The auditor is not required to audit this process. 115.322(e): The auditor is not required to audit this provision. Determination of Compliance: Meets Standard

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS Staff First Responder Cards PREA Staff Poster PREA 2020 Training Power Point updated 05.2020 Module Three Professional Boundaries Module Two Residents' Right to be free from sexual abuse and sexual harassment and from retaliation Module One Overview of the Law and your Role Module Five Response and Reporting of Sexual Abuse and Sexual Harassment.pdf Module Four Prevention and Detection of Sexual Abuse Module Six Respectful and Professional Communication with Youth PREA Refresher Training for Secure Facilities (online Training Module One) Policy 23.1 Prison Rape Elimination Act (PREA) TRIS Report for PREA Staff PREA Training Standard of Conduct and Ethics Policy Acknowledgment Statement (HR) Gender Responsive Training Power Point Staff PREA Acknowledgement Statement INTERVIEWS: Randomly Selected Staff -13 (9 security staff; 4 non-security staff) 115.331(a):Based on presented documentation and information provided in the PAQ, the agency trains all employees who may have contact with residents. The training includes: 1. The agency's zero-tolerance policy for sexual abuse and sexual harassment; 2. The prevention, detection, reporting, and response policies and procedures; 3. The residents' rights to be free from sexual abuse and sexual harassment; 4. The residents' and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The identification of dynamics of sexual abuse and sexual harassment in confinement settings; 6. Common reactions to juvenile victims of sexual abuse and sexual harassment; 7. The detection and response to signs of threatened and actual sexual abuse--including distinguishing between consensual sexual contact and sexual abuse between residents; 8. Avoiding inappropriate relationships with residents; 9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents common reactions of juvenile victims of sexual abuse and sexual harassment. 10. Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. This information was corroborated through interviews with 12 randomly selected staff. Each staff was able to recall and verbally demonstrate knowledge on topics that are covered during trainings and refresher trainings, It should be noted that staff were selected from each shift and varying lengths of employment. No Corrective Action Needed. 115.331(b): According to the PAQ, the agency's training is tailored to meet the unique needs, attributes, and gender of the residents housed at the facility. A review of the related documentation; specifically Module Four Prevention and Detection of Sexual Abuse, confirmed that the facility tailors trainings to meet unique attributes and gender of residents housed at the facility. Module four presented information related to trends around staff-on youth victimization involving female staff victimizing male residents. The module further discussed prevention methods (i.e., limiting cross-gender viewing and searches) to reduce the

risk of that specific opportunity for victimization.

No corrective action is needed,

115.331(c): The PAQ indicates that the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment annually. Interviews with 12 randomly selected staff, along with a review of 22 randomly selected training acknowledgement form/records confirm that this practice occurs. Detailed topics that are covered during the refresher training is included on the form/record.

No Corrective Action Needed

115.331(d):The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. These documents were reviewed and corroborated compliance with this provision.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

Based upon the review and analysis of the available evidence, interviews, and observations, it is determined that the facility is compliant with this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS 115.332 4. List of Contractors to include Medical Staff - 10 115.332 5. List of Volunteers - 35 115.332 1. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.332 2. 14.3 Citizen And Volunteer Involvement.pdf 115.332 3. Volunteer TRIS Report.pdf 115.332 8. Contractors Background Checks - 7 115.332 7. Volunteer Background Checks.pdf 115.332 6. Volunteer Staff PREA Acknowledgement Statement.pdf INTERVIEWS: INTERVIEWS Contracted Staff (2) 115.332(a): Based on presented documentation to include training records and PREA acknowledgment statements, the facility has a process for all volunteers and contractors who have contact with residents to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Interviews with 2 Contractors that were present during the time of the on-site phase of the audit, corroborated that the contractors and volunteers receive said training. No Corrective Action Needed. 115.332(b): Policy 14.3 Citizen And Volunteer Involvement; Section E: Orientation and Training, page 8 requires all volunteers and contractors to be trained on Module 1 and Module 2. According to the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. During the time of the on-site phase of the audit, there were no volunteers present. Interviews with 2 contractors confirm that they have been notified and can demonstrate understanding of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; as well as their knowledge on how to report such incidents. No Corrective Action Needed. 115.332(c): Based on presented documentation and information provided in the PAQ, the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. This documentation includes training records/signed acknowledgment sheets/forms. No Corrective Action Needed. Determination of Compliance: Meets Standards.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.333 1. Male English Poster.pdf 115.333 8. Intake Flyer Spanish Version.pdf 115.333 10. Youth Safety Guide for Secure Facilities English Version.pdf 115.333 7. Male Spanish Poster.pdf 115.333 9. Ga DJJ PREA Curriculum (Additional Six Sessions).pdf 115.333 5. Carlos Question Final.pdf 115.333 4. Age 10 - 13 Mary's Friends.pdf 115.333 3. Age 10 - 13 Charlies Report.pdf 115.333 11. Youth Safety Guide for Secure Facilities Spanish Version.pdf 115.333 15. Youth Safety Guide for Community Residential Facilities.pdf 115.333 12. Youth Poster # 2 .pdf 115.333 13. Youth Poster #1 2017.pdf 115.333 14. Youth Poster #3 2017.pdf 115.333 17. Youth Education 2017 Page 1.pdf 115.333 16. Youth Safety Guide for Community Service Offices.pdf 115.333 18. Youth Education Page 2.pdf 115.333 19. Youth safety Tips handout.pdf 115.333 20. Age 14 - 18 BillySpeaksOutFINALFeb292012[1].pdf 115.333 22. Policy 15.4 Viewing, Listening, And Reading Materials.pdf 115.333 26. Intake Flyer English Version.pdf 115.333 21. Policy 13.32 Special Educational Services.pdf 115.333 23. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.333 28. Youth PREA Acknowledgement Statement.pdf 115.333 25. Youth PREA Certificates.pdf 115.333 27. Teachers Educator Certifications.pdf 115.333 30. Teachers Educator Certifications.pdf 115.333 24. Youth Orientation Statement or Check List.pdf 115.333 29. Youth Orientation Statement or Check List.pdf 115.333 30. Youth PREA Acknowledgement Statement.pdf 115.333 31. Youth PREA Certificates.pdf INTERVIEWS Resident Interviews randomly selected - 16 Randomly selected Staff Interviews - 13 PREA Compliance Manager Agency Head OBSERVATIONS: Education Gym Intake Medical Administration Record Storage 115.333(a): According to information provided in the PAQ, residents receive information, during the intake process, about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. There have been 29 residents admitted to the facility in the past 12 months. A review of Intake and orientation records(i.e., PREA Acknowledgement statements; PREA Certificates; and signed Youth Orientation Statements) corroborate that those residents received Zero-tolerance and other PREA Education related information at intake . Sixteen randomly selected residents were interviewed. Each resident could recall receiving PREA related information during

intake.

The intake staff explained that every resident is provided information about the agency's zero tolerance policy and how to report incidents of sexual abuse and a harassment. This information is provided to all residents, including those who are transferred from another facility.

No Corrective Action Needed.

115.333(b): The PAQ indicates that 29 residents admitted in the past 12 months; and of those 100% received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake.

An interview with the intake staff and a document review of resident files, confirmed that residents receive said comprehensive education.

No Corrective Action Needed.

115.333(c): Based on the PAQ, intake records and corroborating documents, there were no incidents where a resident did not receive required PREA related training and education pursuant to this provision of the standard. The intake staff has a system in place to ensure that current residents, as well as those who transferred from other facilities have been educated on the agency's zero-tolerance policy. This system aligns with Policy 23.1 PREA Policy; Section IV: Procedures, page 14.

No Corrective Action Needed

115.333(d): Based on the PAQ, the agency provides residents with PREA education material in all forms. A review of presented resident education materials confirm this practice. Available formats are for those with disabilities or limited English proficiency; deaf; visually impaired; otherwise disabled; or those with limited reading skills.

No Corrective Action Needed.

115.333(e): Based on a review of presented documentation, each resident signs an acknowledgement statement to document their PREA education sessions.

No Corrective Action Needed.

115.333(f): During the facility tour, PREA Education posters were observed throughout the campus. The posters had information about the facilities zero tolerance policy, the outside victim advocacy hotline. Residents could articulate information about the hotline and the Ombudsman, as well as victim advocacy services.

Residents were able to demonstrate knowledge on certain ways to make reports through a 3rd party. Most residents cited telling parents and probation officers.

Determination of Compliance: Meets Standard

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.334 2. 2020 - DOJ Letter.pdf 115.334 4. Policy 22.3 Internal Investigations.pdf 115.334 3. Policy 22.1 Sworn Law Enforcement ID Cards.pdf 115.334 5. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.334 1. NIC PREA Investigating Sexual Abuse in a Confinement Setting .pdf 115.334 7. PREA Investigators.pdf 115.334 6. GBI Evidence Protocol.pdf NIC PREA training certificate D Turner.pdf M. Taylor NIC PREA Certificate.pdf Danielle Robinson prea cert.pdf Caitlyn Weber Investigating Sexual Abuse in Confinement Setting - Weber Certificate.pdf Darrell Turner NIC PREA certificate.pdf Chris Wilson NIC PREA training.pdf Given PREA NIC Training.pdf NIC PREA Certificate Jan 2022 - Ham.pdf V. Payne NIC PREA.pdf Sue Williams NIC PREA Cert.pdf William Baillargeon Investigating Sexual Abuse in a Confinement.pdf S. Sansom PREA NIC Certificate.pdf Trish Bedfords PREA Cert.pdf INTERVIEWS: Investigative Staff 115.334(a): Based on the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. A review of Policy 23.1 Prison Rape Elimination Act; Section VI: Training and Education, page 14, indicates 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 District Attorney's Office for prosecution in accordance with DJJ 22.3, Internal Investigations. The Office of Investigations shall maintain documentation of each investigator who completes the training. The policy further indicates that all PREA investigators are required to complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after hire date. A copy of the training records and logs for all PREA Investigative staff confirmed that each investigator had required training. No Corrective Action Needed. 115.334(b):Based on the presented PREA Investigative Training Certificates and related specialized training information provided in the PAQ, each PREA Investigator received specialized training. The training topics included: 1. Techniques for interviewing juvenile sexual abuse victims; 2. The proper use of Miranda and Garrity warnings; 3. Sexual abuse evidence collection in confinement settings, and 4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. No Corrective Action Needed. 115.334(c): Based on a review of presented documentation in the PAQ, training certificates and records of the PREA Investigators, the agency maintains documentation showing that investigators have completed the required training. The agency currently employees 24 investigators. Of the 25, 1 is assigned to the PREA Investigative Unit; and has documentation of required specialized training.

No Corrective Action Needed.

115.334(d): Based on a review of presented documentation in the PAQ, training certificates and records of the PREA Investigators, the agency maintains documentation showing that investigators have completed the required training. The agency currently employs 25 investigators. Of the 25, 1 is assigned to the PREA Investigative Unit; and has documentation of required specialized training.

No Corrective Action Needed.

Determination of Compliance: Meets Standards

The based on interviews and careful analysis of observation and documentation review, the facility has demonstrated substantial compliance with this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Contract with DJJ Policy 23.1: Prison Rape Elimination Act (PREA) INTERVIEWS: Medical and Mental Health Staff(2) 115.335(a): According to the agency's PREA Policy, the Office of Medical Health Care Services full, part-time, and all contract staff are required to complete the National Institute of Corrections (NIC) online training "PREA: Medical Health Care for Sexual Abuse Victim in a Confinement Setting" within 60 days after hire date. Documentation of completion will be maintained in staff training file. Additionally, the Office of Behavioral Health Services full-time, part-time, and all contract staff are required to complete the National Institute of Correction (NIC) online training "PREA: Behavioral Health Care for Sexual Abuse Victim in a Confinement Setting" within 60 days after hire date. Documentation of completion will be maintained in staff file. Proof of those trainings were uploaded into the PAQ. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy as indicated in the PAQ is seven; which is 100% of all medical and mental health care practitioners who work regularly at this facility. A review of 8 medical and mental health staff training and licensing information confirm that these practitioners received the required training. No Corrective Action is Needed. 115.335(b): Based on presented documentation and information provided in the PAQ, the agency does not conduct forensic medical examinations. The facility works with a local hospital to conduct such services. No Corrective Action Needed. 115.335(c): The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Certificates of completions of said trainings were reviewed. No Corrective Action Needed. 115.335(d): According to the PAQ, Medical and mental health care practitioners also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency. A review of electronic training records confirm adherence to this provision. No Correction Action Needed. Determination of Compliance: Meets Standard

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.341 2. Policy 17.3 Custody and Housing Assessment.pdf 115.341 5. Policy 11.2 Nurse Health Assessment and Physical Examination.pdf 115.341 6. Policy 11.1 Medical Intake Screening.pdf 115.341 1. PREA Screening Report User Guide.pdf 115.341 7. Policy 12.10 Mental Health Screening.pdf 115.341 8. Policy 17.1 Admission To A Secure Facility.pdf 115.341 9. Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI).pdf 115.341 3. Custody and Housing Re-Assessment for each youth.pdf 115.341 4. PREA Screening Report (PSR) for Residents.pdf INTERVIEWS: Staff Responsible for Risk Screening PREA Compliance Manager PREA Coordinator Randomly Selected Resident Interviews (16) 115.341(a): The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Additionally, the policy requires the resident's risk level to be reassessed periodically through their confinement. These processes are clearly described in Policy 23.1 Prison Rape Elimination Act, Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Pg 15-18. Based on the interview and a document review of the screening record, the screening considers: Prior sexual victimization or abusiveness; 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 the current charges and offense history; The level of emotional cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or adult developmental disabilities; Physical disabilities; The residents own perception of their vulnerability; and Any other specific information about individual resident that may indicate a heightened need for supervision and additional safety precautions. According to the staff, this information is ascertained through conversations with the resident during the initial intake process and medical and mental health screenings; during classification assessments; through the reviewing of court records and case files; behavior records; and other relevant documentation from the resident's files. According to the PAQ, the number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility is 29. This represents 100% of the residents who were admitted in the past 12 months. No Corrective Action Needed. 115.341(b): Based on the information provided in the PAQ, the risk assessment is conducted using an objective screening tool. Once all the relevant information is ascertained, it is populated into the PREA Screening Report (PSR).

Additional assessment tools are used by the mental health staff which lends other information concerning risk factors.

115.341(c): Based on information provided in the PAQ, a review of screening assessments done during intake, and an interview conducted with the intake staff that performs the screening of victimization, the agency ascertains information about the resident's:

- (1) Prior sexual victimization or abusiveness;
- (2) 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;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

No Corrective Action Needed.

115.341(d): Based on information provided in the PAQ, and an interview with the staff responsible for risk screening, the screening information is ascertained through conversations with the resident during the initial intake process and medical and mental health screenings; during classification assessments; through the reviewing of court records and case files; behavior records; and other relevant documentation from the resident's files.

No Corrective Action Needed.

115.341(e): Based on information provided in the PAQ, the agency implements appropriate controls on the dissemination within the facility of responses to questions asked, in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

This process is thoroughly discussed in Policy 23.1 Prison Rape Elimination Act, Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Pg 15-18.

An interview with the PREA Compliance Manager and the PREA Coordinator corroborated this by explaining that the information is disseminated on a need-to-know basis to the Facility Management Team (Director, Assistant Directors, PREA Compliance Manager, Institutional Program Director, Social Service Coordinator, Sex Offender Coordinator). It was further explained that the staff, who are working directly with the youth, is briefed on the resident; however, no specific details as to why the youth is at risk or posing a risk to others is given.

No Corrective Action Needed.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.342 1. Policy 17.3 Custody and Housing Assessment.pdf 115.342 4. Policy 18.4 Work Activities for Youth.pdf 115.342 3. Policy 15.11 Requests for Services.pdf 115.342 5. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.342 6. Policy 23.3 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI).pdf 115.342 2. Custody and Housing Re-Assessments for each youth .pdf INTERVIEWS: Medical/Mental Health Staff Responsible for Risk Screening Facility Director PREA Compliance Manager Staff who Supervises Youth in Isolation Residents in Isolation (for risk of sexual victimization/who alleged to have suffered sexual abuse- (0) Transgender/Intersex Residents - (0) 115.342(a): Based on the presented documentation in the PAQ, the agency/facility uses information from the risk screening required by §115.341 to inform housing decisions, program assignments with the goal of keeping all residents safe and free from sexual abuse. An interview with the PREA Compliance Manager confirmed that the information is used for making housing, bed and programming assignments. All residents are housed according to the custody and housing assessment which considers all information gained in screening and assessments. The Director is immediately notified if a resident has been identified as having a risk of being a perpetrator or a victim. That resident will be identified as having to shower alone and during daily activities, the youth will be allowed to participate in regular programming but will be closely monitored by continuous supervision to prevent victimization and/or bullying. Interviews with the Facility Director, interviews with security staff who would be responsible for supervising residents in isolation, along with information presented in the PAQ, there have been no use of isolations for PREA Related Incidents in the past 12 months. Although there have been no such incidents in the past 12 months, the agency's PREA Policy, 23.1 discusses isolation. The policy explains that a resident may be placed on isolation, as a last resort, when less restrictive measures are inadequate to keep the youth safe. If this occurs, the facility will document the basis for the facility's concern, the reason why no alternate means of separation can be arranged, and at least weekly reviews to determine whether there is a need for continuing separation from the general population. The policy further explains that if isolation is used, a reassessment is done whenever necessary; but at least every 30 days to reassess the vulnerability and risk factors of the resident's housing, custody level, and programming. No Corrective Action Needed. 115.342(b): Based on the PAQ, and in interview with the 9 randomly selected security staff (using the Staff who Supervises Residents in Isolation protocol), there has been no residents at risk of sexual victimization who were placed in isolation during the past 12 months. This was corroborated through document reviews of logs, incident reports, interviews with 16 randomly selected residents, the PREA Compliance Manager and the Facility Director. Although there have been no such incidents involving PREA related Isolation, interviews with the Medical and Mental Health, Facility Director and PREA Compliance Manager confirmed if ever used, the residents would still visit from Medical and Mental health staff; and receive education, large muscle exercise, and access to programs in accordance to the agency's PREA Policy 23.1.

No Corrective Action Needed.

115.342(c): Based on the PAQ, the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Interviews with the PREA Compliance Manager and the PREA Coordinator; along with a tour of the housing units, it was confirmed that the facility does not have special housing units for intersex, gay, lesbian, and bisexual residents. Interviews with residents who identified as gay and bi-sexual confirmed that they are not housed based solely on their identification or status.

No Corrective Action Needed.

115.342(d): According to the information provided in the PAQ and an interview with the PREA Compliance Manager, the facility has not had any transgender or intersex residents. However, PREA Compliance Manager explained that housing and program assignments will be determined on a case-by-case basis. The PREA Compliance Manager further indicated that consideration of the resident's health and safety; resident population and security management; and the resident's own views of vulnerability when determining program and placement assignments. Placement and program assignments will be reassessed according to policy.

115.342(e): Policy provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview with the Program Director confirmed awareness of the policy. A review of presented documentation confirms that there have been no transgender or intersex resident admitted to the facility in the past 12 months.

No Corrective Action Needed.

115.342(f): Although there have been no transgender or intersex residents at the facility in the past 12 months, the staff who is responsible for conducting risk screening of residents confirmed that processes are in place to ensure that these residents would be allowed to shower alone.

Based on information provided in the PAQ and an interview with the PREA Compliance Manager, housing and program assignments of transgender and intersex residents consider present management and security problems, the resident's health and safety and the resident's own views with respect to his or her own safety.

A review of the daily population roster, a tour of the facility, and interviews with residents confirmed that there were no transgender or intersex residents at the facility, hence no one from this category was interviewed.

No Corrective Action needed.

115.342(g): Although there have been no transgender or intersex residents at the facility in the past 12 months, the staff who is responsible for conducting risk screening of residents confirmed that processes are in place to ensure that these residents would be allowed to shower alone. Based on information provided in the PAQ and an interview with the PREA Compliance Manager, there is a process in place to ensure that placement and programming assignments for each resident (including a transgender or intersex resident) is reassessed to review any threats to safety experienced by the resident in accordance to policy.

There have been no transgender or intersex resident at the facility for the past 12 months.

No Corrective Action Needed.

115.342(h): Based on the information presented in the PAQ, there has been no PREA related Use of Isolation incidents in the past 12 months. This was corroborated through reviewing incident reports, logs, interviews with the staff who are responsible for Risk Screening and the PREA Compliance Manager.

Although there has been no incident, Policy 23.1 PREA Facility Policy provides that a resident would only be placed in isolation as a last resort for protection; and it would only be until other arrangements could be made to keep the resident safe.

During the onsite review, no residents were observed in isolation for PREA related incidents.

No Corrective Action Needed.

115.342(i): Based on the daily population housing roster, a tour of the facility and information provided in the PAQ, there were no residents in isolation for PREA related incidents. An interview with 9 randomly selected security staff (using the Staff who Supervise Residents in Isolation Protocol) confirms that the facility has not used PREA related isolation during the past 12 months. The Agency's policy however, does instruct the facility to review the resident's circumstances every 30 days to determine if continued placement was warranted—if the isolation process is ever used.

No Corrective Action Needed

Determination of Compliance: Meets Standard

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.351 4. Policy 8.5 Attachment C-Youth Statement for the Record.pdf 115.351 5. Policy 15.2 Grievance Process.pdf 115.351 7. Policy 15.5 Youth Visitation.pdf 115.351 1 Reporting Sexual Abuse or Contracting Advocacy Services Outside of DJJ Facilities.pdf 115.351 2. Consular and Trade Offices.pdf 115.351 6. Policy 15.2 Attachment DJJ Youth Grievance Form.pdf 115.351 8. Policy 15.6 Access To Mail.pdf 115.351 9. Based on the past 12 months.pdf 115.351 10. Policy 15.7 Access To Telephone.pdf 115.351 3. New Release Commissioner Encourages Public to Use Agency Tip Line.pdf 115.351 15. Notification of Foreign National in Detention.pdf 115.351 14. Third-Party Reporting (Tip-Line).pdf 115.351 11. Policy 15.9 Ombudsman.pdf 115.351 22. Third Party Reporting (Tip- Line).pdf 115.351 12. Policy 17.1 Admission and Release.pdf 115.351 13. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.351 16. Policy 8.5 Special Incident Reporting.pdf 115.351 17. Based on the last past 12 months PREA Hotline.pdf 115.351 17. Consular Notification And Access 2017.pdf INTERVIEWS: Random Sample of Staff Interviews (13) Random Resident Interviews (16) PREA Compliance Manager Residents who Reported Sexual Abuse - 0 BREAKDOWN OF RELEVANT DATA: Total Third Party Tip Line calls - 0/ Total number of PREA related - 0 Victim Advocacy Calls - 0 /Total prea related - 0 PREA Hotline calls 0 Ombudsman total calls - 3/Total PREA related calls - 0 113.351(a): Based on presented documentation, related policies, and information provided in the PAQ, the facility has established procedures allowing for multiple internal ways for residents to report privately to agency officials about the following: 1. Sexual abuse 2. Sexual harassment 3. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment 4. Staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may report allegations of sexual abuse or sexual harassment by telephone by calling 911 and an internal dedicated phone number, as confirmed by resident and staff interviews and observations. Based on site observations during the facility tour, PREA Related posters are located throughout the facility. These posters have phone numbers and mailing addresses for reporting allegations. Additionally, each unit has a phone that residents can access at anytime to report allegations of abuse without providing their names. During the audit, the Auditor tested the phone line in each unit and confirmed that the PREA Hotline (option 2) was operable.

Additionally, the Auditor observed an Education staff conducting PREA Education Sessions with the residents. According to staff and residents, these PREA Education Sessions occur during education on a regular basis.

During informal interviews with residents on the tour, the residents were demonstrated knowledge on internal ways to report sexual abuse, sexual harassment allegations in private. Formal interviews with 16 randomly selected residents confirmed their knowledge of internal ways to report sexual abuse/harassment allegations.

Random staff interviews (9 security, 4 non security) revealed residents may use the telephone upon request at any time to privately report sexual abuse and sexual harassment. Residents have access to writing materials as observed and stated by staff. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse or sexual harassment, the reporting procedures will be implemented in accordance with Policy. The reporting information was also supported by the resident interviews.

Residents were able to identify people (outside of the facility) that they can contact if they wanted to report an allegation if needed. Examples included family members and probation officers. Interviews with 13 randomly selected staff confirms that staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

115.351(b): The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Based on interviews with 13 randomly selected staff and the PREA Compliance Manager, the residents are able to call the toll-free number to the National Sex Abuse Hotline, 1-800-656-HOPE.

Further, the staff advised that residents have access to phone numbers and mailing addresses to an outside Victim Advocacy such as Stepping Stone Advocacy Service to report such allegations or receive emotional support. A tour of the facility confirmed that the residents are provided access to this information via PREA Education posters; and this information is periodically gone over during PREA Education Sessions during school. Further, interviews with the residents confirmed their general knowledge of having access to said outside services.

Each of the 16 randomly selected residents that were interviewed were able to list at least one way that they can make a report about sexual abuse or sexual harassment who does not work at the facility. The most common answers were: tell the probation officer or family member; or use the hotline.

No Corrective Action Needed.

115.351(c): The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. This process is found in Policy 23.1 PREA Policy, p21. Section VII: Reporting, Letter Q.

Residents were able to provide at least one answer when asked "Can you make reports of sexual abuse or sexual harassment either in person or in writing. If Yes, can someone make the report for you so that you do not have to give your name?" -- Most residents answered: Family, Probation Officer or Hotline. Twelve of the 16 residents interviewed knew that they were able to report sexual abuse or sexual harassment allegations in writing without giving their name.

No corrective action needed.

115.351(d): The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

When asked to list tools that the facility provides to make written reports to the residents, the PREA Compliance Manager listed the following:

1. Help Request box and forms; and something to write with
2. Grievance Box and forms; and something to write with
3. Ombudsman information via posted PREA Education posters located throughout the facility

115.351(e): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

During formal interviews with 13 randomly selected staff (security and non-security), the 9 security staff cited the following as possible tools they would use to report allegations of sexual abuse or sexual harassment of residents privately:

1. Use the tip form listed at <http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx>
2. Talk to a supervisor behind a closed door.

3. Write the Ombudsman

4. File a grievance

The 4 non-security staff advised that they would inform their immediate supervisor (unless the allegation is made against the immediate supervision—in which case they would notify another person of authority within the agency).

No Corrective Action Needed.

Determination of Compliance: Meets Standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion DOCUMENTS: Total Number of Grievances - (16) PREA Related Grievances - (0) Policy 15.2 Grievance Form Policy 23.1 Prison Rape Elimination Act (PREA) Grievance Logs for Past 12 months INTERVIEWS: Residents who Reported a Sexual Assaults - (0); there were no residents identified during the time of the audit 115.352(a):The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. There are policies related to the grievance procedure listed in the PAQ under this provision: Policy 23.1 Prison Rape Elimination Act and Policy 15.2 Rights of Youth/Grievance Process. These policies have conflicting information around the timeframes or lack of timeframes one has to file a grievance. Please refer to 115.352(b) for more information concerning this. 115.352(b): According to the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. However, a comparative analysis of policies related to this issue revealed two conflicting directives. Policy 15.2 Grievance Process, Section C: Filing a Formal Grievance, pg 3, number 1A states that youth will have unimpeded access to the grievance forms and may write out a complaint at any reasonable time, "but no later than 10 business days from the incident or condition." Policy 23.1 Prison Rape Elimination Act, Section VIII: Reporting, pg 18, Letter C, #2 states that: youth are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, "regardless of when the incident is alleged to have occurred". NOTE: Because the agency has already corrected this issue, prior to the interim report being submitted, there is no need for corrective action. 115.352(c): Based on a review of agency policies related to grievances and information provided in the PAQ, residents are able to submit a grievance alleging sexual abuse or sexual harassment without submitting it to the staff who is the subject of the complaint. Additionally, such grievance is not referred to a staff member who is the subject of the complaint. No Need for Corrective Action 115.352(d): The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance is located in the PREA Policy, 23.1, p20. Although there have been no PREA related grievances in the past 12 months, the agency has a system in place to ensure residents are always notified in writing when/if the agency files for an extension, including notice of the date by which a decision will be made. No Corrective Action Needed. 115.352(e): Based on a review of the PREA Policy and the PAQ: (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's

decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

A review of the related policies corroborate the assertions. These policies are also publicly published on the agency's website: www.djj.state.ga.us

No Corrective Action Needed.

115.352(f): The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to policy 15.2: Grievance Process, There have been no emergency grievances reported. A review of logs confirm that there have been no such incidents.

No Corrective Action Needed.

115.352(g): The agency has a written policy (23.1 PREA policy) that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. Based on presented documentation and self-reported information in the PAQ, there has been ZERO incidents in the past 12 months where a resident received disciplinary actions for reporting a grievance in bad faith.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS 115.353 4. Policy 15.11 Attachment Help Request forms.pdf Policy 15.11 Requests for Services.pdf Reporting Outside Stepping Stone Child Advocacy Center.pdf Consular and Trade Offices.pdf Reporting Sexual Abuse or Contacting Advocacy Services Outside of GA DJJ Facilities.pdf Policy 23.1 Prison Rape Elimination Act (PREA).pdf Policy 15.3 Youth Access to Courts and Counsel.pdf Policy 15.6 Access To Mail.pdf Policy 15.5 Youth Visitation.pdf Total number of Help Request - 188 Total number of PREA related - 0 115.353 13. Total # of Help Request Total # of PREA related.pdf 115.353 11. Policy 15.7 Access To Telephone.pdf 115.353 12. Policy 15.9 Ombudsman.pdf 115.353 15. Consent to Disclose Protected and Confidential PREA related information.pdf INTERVIEWS: Facility Director PREA Compliance Manager Resident Interview Questionnaire -16 Residents who Reported Sexual Abuse -0 115.353(a): Based on the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse; additionally, residents are provided with access to such services via posters that include the mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. According to the information provided in the PAQ, Policy 23.2 PREA, Section VII Reporting, the facility will provide 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 are easily understood, private and secure. The policy, further explains on page 18, Letter C that youth assigned to a secure facility may report sexual abuse or seek relief against retaliation by: 1. Completing a Help Request Form; 2. Using the grievance process. 3. Telling a counselor, community case manager, medical or mental health staff, the Director, Parent/Guardian, Chaplain or Minister, Facility PREA Compliance Manager or any trusted adult; 4. Calling the external toll-free number to the National Sexual Abuse Hotline; 5. Calling the DJJ Office of Victim Services: 1.866.922.6360; 6. Writing the DJJ Ombudsman Office at Central Office or calling toll-free at 1.855.396.2978; or through 7. Resident correspondence to someone outside of the facility or the agency. According to this policy, the facility will post the mailing address to the outside entity in all resident's living units. A facility tour confirms that the posters are posted as required. A sample of the resident population was randomly selected to be interviewed (16). Residents were able to demonstrate knowledge related to available services that are outside of the facility. Most residents made reference to information that is on the PREA related posters located throughout the campus of the facility. No Corrective Action Needed.

115.353(b): Sixteen residents were questioned using the Resident Interview Questionnaire; 14 of the 16 demonstrated knowledge of the limits to confidentiality (Q 17) when using the phones at the facility.

The number of residents that have contacted outside services is zero.

The residents recalled staff going over the limits to confidentiality related to contacting the victim advocacy or emotional support services. These residents were able to provide general knowledge about outside victim advocacy services. They were able to advise that the phone numbers and mailing address are located on the PREA related posters throughout the facility.

No Corrective Action Needed.

115.353(c): The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. Memorandums of Agreements and Contracted services were uploaded in the PAQ and/or reviewed at the facility.

No Corrective Action Needed.

115.353(d): According to the PREA Compliance Manager and the Facility Director, each resident has full access to their legal representative. When speaking with legal representatives, the phone is not monitored by staff; and calls are conducted in an area where staff/residents can not hear the conversation. It was further explained that these calls are not time limited. Similarly, residents are given unrestricted written communication to their attorney. It was explained that Incoming mail is opened in front of the youth but it is not read.

Explanations and descriptions related to residents' access to attorneys or other legal representatives supports that residents are provided reasonable and confidential access to their attorneys and other legal representation. Interviews with residents also support that they are provided reasonable and confidential access to their attorney if needed.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Agency Website www.djj.state.ga.us Policy 23.1 Prison Rape Elimination Act (PREA).pdf Policy 15.5 Youth Visitation.pdf Policy 15.3 Youth Access to Courts and Counsel.pdf Third Party Reporting - Tip-Line Staff Related.pdf Policy 15.6 Access To Mail New Release Commissioner Encourages Public to Use Agency Tip Line Policy 15.2 Access to Telephone Policy 15.9 Ombudsman DJJ Tip Based on a review of the website, the agency provides a method to receive third-party sexual abuse or sexual harassment allegations directly from http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx There is no corrective action needed for this provision.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion DOCUMENTS: Georgia Child Protective Services Mandated Reporters form.pdf Policy 8.5 Attachment B Staff Statement for the Record Georgia Child Protective Services Mandated Reporters Form.pdf Total Number of Incidents reported to Child Protective Services - 0; Total Number of PREA Related - 0 Policy 8.5 Special Incident Reporting.pdf Policy 8.5 Attachment J Chain of Command Notification.pdf Policy 23.1 Prison Rape Elimination Act (PREA).pdf INTERVIEWS: Randomly Selected Staff (9 security/4 non security) Facility Director PREA Compliance Manager Medical and Mental Health Staff 115.361(a): PREA Policy 23.1, Section IX Reporting; Page 22 requires all staff to report immediately 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The process is as follows: A. The facility requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners are required to report sexual abuse to designated supervisors or the PREA Unit Field Supervisor. 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. B. Upon receiving an allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility Director or designee shall report the allegation to the youth's attorney on record within 14 days of receiving the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors. C. When completing the required Special Incident Report (SIR) (DJJ 8.5, Special Incident Reporting, Attachment A: Part A), staff must complete the JPPS/Court notified and Parent/Guardian notified sections. Interviews with 9 randomly selected security staff confirm their knowledge of the aforementioned steps. Each staff demonstrated substantial knowledge of the process. The four non-security staff advised that they would immediately report to a supervisor and follow instructions as advised. No Corrective Action Needed. 115.361(b): Based on a review of the PAQ, and a review of the related policies, The facility requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners are required to report sexual abuse to designated supervisors. Staff 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.

Thirteen randomly selected staff demonstrated knowledge of this requirement.

No Corrective Action Needed.

115.361(c): Based on presented documentation in the PAQ, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with 13 randomly selected staff confirmed the awareness of not revealing any information related to the case to anyone outside of those necessary to make treatment, investigation, and other security and management decisions.

There is no corrective action needed.

115.361(d): Based on interviews with the Medical and Mental Health staff, they are required to report sexual abuse to their designated supervisors. The staff also advised that that they inform residents, at the initiation of services, of their duty to report as a mandatory reporter and their limits of confidentiality.

No Corrective Action Needed.

115.361(e): According to the PREA Compliance Manager and the Facility Director, The Director/Compliance Manager reports all allegations to the DJJ Office of Internal Investigations PREA Unit . The parents/legal guardian will be notified unless the facility has official documentation showing the parents/legal guardian should not be notified.

If a youth is under guardianship of the Child Welfare System, the report will be made to the alleged victim's case worker instead of the parents or legal guardians.

If a juvenile court retains jurisdiction over the alleged victim, the Director or designee shall also report the allegation to the youth's attorney or legal representative of record within 14 days of receiving the allegation.

Medical/Mental Health Staff will report the allegations of abuse/harassment to the designated supervisor (Director, Assistant Director or PREA/Compliance Manager).

In addition, a report will be made to the Department of Children and Family Services. They notifications are made to the appropriate parties within one business day.

No Corrective Action Needed.

115.361(f): Based on the interview with the Facility Director, all allegations (including 3rd party anonymous tips) are reported immediately to the Office of Investigations PREA Unit. There have been no 3rd party anonymous tips to report in the past year.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 115.362 5. Youth Safety Plan for Housing.pdf 115.362 5. Youth Safety Plan for Housing.pdf 115.362 2. Policy 8.7 Attachment Confinement Checks Form.pdf 115.362 3. Policy 8.8 Use of Isolation.pdf 115.362 1. Policy 8.7 Protective Custody.pdf 115.362 4. Policy 23.1 Prison Rape Elimination Act (PREA).pdf INTERVIEWS: Agency Head Facility Director Randomly Selected Staff (13) 115.362(a): 23.1 PREA Policy; Section XI: Agency Protection Duties, Page22 advises that staff will take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff. The facility/program/office will employ multiple protection measures, including custody and housing changes, Special Management Plans, "No Contact Status," or transfers for youth victims or abusers. According to the Agency Head, when a resident is subject to a substantial risk of imminent sexual abuse, the PREA Compliance Manager will monitor the situation. The initial assessment, which includes speaking with the youth, will determine if there should be changes in housing, facilities, treatment, and services. The facility staff will respond immediately. Based on presented documentation and information provided in the PAQ, there have been zero incidents where it was determined that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. Thirteen randomly selected staff were interviewed to determine their knowledge and understanding regarding this provision. Based on the information shared, each staff was able to demonstrate a thorough understanding of appropriate steps to be taken when residents are thought to be in imminent danger of sexual abuse. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: 23.1 PREA Policy INTERVIEWS: Agency Head Facility Director 115.363(a): According to the PAQ and PREA Policy 23.1; Section IX: Reporting to Other Confinement Facilities, Pg, 23, 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. There has been no such incident that has occurred in the past 12 months. No Corrective Action Needed. 115.363(b): Based on information provided in the PAQ and a document review of the policy, the agency policy requires that the Director provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. An interview with the Facility Director confirms that the facility's notification process aligns with the standard and the agency's policy. No Corrective Action Needed. 115.363(c): Although there have been no such incident to report in the past 12 months, the agency or facility has a process in place to ensure incidents will be documented and such notifications will be made within 72 hours of receiving the allegation. No Corrective Action Needed. 115.363(d): Interviews with the Agency Head and Facility Director confirm that there are processes in place that ensure proper notifications and subsequent investigations as required by the standard and the agency's policy. No Corrective Action Needed.
	Determination of Compliance: Meets Standard

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS:

Staff First Responder Cards.pdf
Policy 23.1 Prison Rape Elimination Act (PREA)
Policy 23.2 Sexual Assault
Sexual Abuse Coordinated Team Response

INTERVIEWS:

Randomly Selected Staff Interviews 13 (9 direct care; 4 non security)

115.364(a): PREA Policy 23.1, Section IX: Staff First Responder Duties, Pg. 23. thoroughly details the first responder duties. According to the policy, upon learning of an allegation that a resident was sexually abused, the first staff member to respond must:

1. Take immediate action to protect and ensure that the victim is safe, and separate the alleged victim and perpetrator;
2. Obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions;
3. Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and abuser do not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.; and
5. If the first staff responder is a non-direct care staff member, he or she is required to 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.

Further, the policy provides that in secure facilities, staff will ensure that the garments/clothing worn by those involved and the scenes where the alleged act(s) occurred are protected to make sure that evidence is not further contaminated. This means simply securing any evidence until the arrival of law enforcement and/or DJJ Office of Investigations. Securing is defined as keeping control over the evidence or scene and documenting any access to or deviation regarding access to that evidence. Staff shall not move, touch, or alter the evidence in any way. Staff should not discuss any facts of the incident with anyone except those directly involved in response to the incident or investigation of the incident. All of this information is reportable to law enforcement and subsequent investigators.

According to the PAQ, there has been ZERO incidents in past 12 months, where where staff were notified within a time period that still allowed for the collection of physical evidence.

No corrective Action Needed.

115.364(b): PREA Policy 23.1, Section IX: Staff First Responder Duties, Pg. 23. thoroughly details the first responder duties. According to the policy, upon learning of an allegation that a resident was sexually abused, if the first staff responder is a non-direct care staff member they must:

1. Ensure the victim is safe;
2. Instruct the victim and perpetrator not to take any actions that will destroy physical evidence; and then
3. Immediately notify direct care staff.

According to the PAQ, there has been no such incidents in past 12 months, where where a non-direct care staff was the first responder.

Interviews with 9 randomly selected direct care staff and 4 non-security staff were conducted to determine their knowledge of how to respond as a first responder. Each direct-care and non-direct care staff responded in accordance the policy.

No corrective Action Needed.

Determination of Compliance: Meets Standard

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS Policy 23.2 Sexual Assault Policy 23.1 Prison Rape Elimination Act (PREA) Sexual Abuse Coordinated Team Response INTERVIEWS: Facility Director 115.365(a):The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Based on a review of the plan, it is facility-specific to Atlanta YDC. The plan details each response for the following: 1. First Responders 2. The Control Room Operator 3. Medical Staff 4. Mental Health Staff 5. Administrative Duty Officer (ADO) 6. Investigators 7. Facility Leadership 8. Sexual Abuse Coordinated Team Members Based on a review of the coordinated response plan, there are currently 5 members who are on the Sexual Abuse Coordinated team. According to the Facility Director, the facility's plan to coordinate first responders requires the Director to make notifications as soon as possible to include notifying the Office of Investigations PREA Unit. If the youth is still on-site, the facility will begin with the Coordinated Response to a Sexual Assault; start gathering statements; and reviewing CCTV. Next, the facility will follow the policy/procedure to responding to a sexual assault by ensuring the youth is safe and separated by the alleged perpetrator, no question the youth, preserving and protecting evidence; followed up by generating a special incident report. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS Pre-Audit Questionnaire Policy 23.1 PREA INTERVIEW: Agency Head 115.366(a): Based on the PAQ, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed 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 of whether and to what extent discipline is warranted. 115.366(b): Auditor is not required to audit this provision. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS:

Total Number of Retaliation PREA related Only -0
Policy 23.1 Prison Rape Elimination Act (PREA)
Monitored Retaliation Documentation

INTERVIEWS:

Facility Director

115.367(a): The agency's PREA Policy, Section IX: Agency Protection Against Retaliation, pg, 25. provides instructions 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. The agency has a designated team team to monitor retaliation. The team consists of the Director, the PREA Compliance Manager and the Monitor assigned.

According to presented documentation and the PAQ, there have been ZERO monitored retaliation occurrences in the past year.

No Corrective Action Needed.

115.367(b): Although there have been no residents placed in isolation for PREA related incidents, the Agency and facility has a process in place to protect against retaliation.

According to the Agency Head, the Facility Director will assess the situation and speak to the youth regarding their safety concerns. Additionally, the facility's PREA Compliance Manager is responsible for monitoring retaliation. If necessary, changes in housing units or facilities may occur; the alleged abusers will be removed; and youth are offered follow up with mental health or outside counseling services.

Similarly, the Facility Director advised that measures taken to protect the residents and staff from retaliation can include: housing changes, transfers, removal of alleged abusers and emotional support services. Emotional support services are provided through an outside service provider.

Moreover, the Staff Responsible for Monitoring Retaliation advised that the process of monitoring for retaliation occurs through being notified of grievances, help requests, special incident reports and verbal reports. If cases are criminal in nature, local law enforcement is called. Any criminal referrals will be made after a thorough investigation by the Office of Investigations PREA Unit deems it necessary.

The agency employs multiple protection measures.

No Corrective Action Needed

115.367(c): For at least 90 days following a report of sexual abuse, the agency will monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. The staff will act promptly to remedy any such retaliation.

The facility will monitor resident housing, or program changes, or negative performance reviews or reassignments of staff.

The agency will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.367(d):The staff responsible for retaliation monitoring will make daily checks on the resident.

115.367(e): Retaliation monitoring will be extended to other residents who may fear retaliation based on cooperating with the investigation.

115.367(f): Auditor is not required to audit this provision

Determination of Compliance: Meet Standards

The agency and facility have a multi-layered approach that offers multiple protection measures the the victim and any others that are cooperating with the investigation, Each member involved in the process demonstrates substantial knowledge in the process.

No corrective action needed.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Policy 8.8 Use of Isolation Policy 23.2 Sexual Assault Total Number of Protective Custody PREA Related Only -(0) Policy 8.7 Protective Custody Policy 23.1 Prison Rape Elimination Act (PREA) Policy 8.5 Special Incident Reporting INTERVIEWS: Facility Director Staff who Supervise Residents in PREA Related Isolation (1) Medical and Mental Health Staff (2) Residents in PREA Related Isolation (0) 115,368(a): The PREA Policy 23,1 and the Protective Custody Policy 8.7 requires that residents who allege to have suffered sexual abuse only be placed in PREA Related isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe; and only until an alternative means of keeping all residents safe can be arranged. Further, the policies requires residents, who are placed in isolation (because they alleged to have suffered sexual abuse) have access to legally required educational programming, special education services, and daily large-muscle exercise. Based on information provided in the PAQ, a review of PREA related isolation logs, and interviews with staff who supervise residents in isolation, there have been no such use of PREA related isolations in the past 12 months. According to information provided in the PAQ and an interview with the Facility Director, although there have been no use of PREA related Isolation in the past 12 months, the facility has processes in place to ensure that isolation if isolation is ever used, the resident in isolation will continue to get daily access to large muscle exercise, legally required education and/or special education services. Determination of Compliance: Meets Standards.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: PREA cases for the last 12 months - 0 Policy 22.1 Sworn Law Enforcement ID Cards Policy 22.3 Internal Investigations Requirements of a PREA Case.pdf Policy 8.5 Special Incident Reporting INTERVIEWS: PREA Investigative Staff Facility Director PREA Coordinator PREA Compliance Manager 115.371(a): The agency/facility PREA Policy 23.1, Section X: Criminal and Administrative Agency Investigations, Pg25, explains the process of Criminal and Administrative investigations; which are both handled by the Agency. Five PREA Investigators for the Agency are POST certified and have the legal authority to conduct criminal investigations. According to the PREA Investigator, it takes 24 to 48 hours to initiate an investigation following an allegation of sexual abuse. The process includes getting notified by the facility, having the PREA Investigator Supervisor assign the case to a PREA Investigator; if it's criminal in nature, the POST Certified PREA Investigator conducts the investigation and enlist the assistance of the local police agency to assist in the arrest and local transport of the alleged. At the completion of the investigation, the victim is notified of the outcome through the Ombudsman's Office. Further, the PREA Investigator explained that anonymous and third-party reports of sexual abuse or sexual harassment are handled in the same manner and methodology. No Corrective Action Needed 115.371(b): Based on an interview with the Investigative Staff and review of Training Records, the PREA investigators receive special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. The training includes : Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual Abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative or prosecution referral. No Corrective Action Needed 115.371(c): PREA Policy 23.1 and Internal Investigations Policy 22.3 clearly describe the investigator's roles and responsibilities. These roles and responsibilities were thoroughly explained in an interview with the PREA Investigative Staff who expressed that the initial first steps of the first responder is to make sure that the residents are safe and the scene is secured for the purpose of preserving any usable evidence. The Investigator further explained that once the investigation is assigned to the PREA Investigator, it takes 24 to 48 hours to initiate the investigation. Once the investigation is initiated, they will review all documentation, make sure that the resident is sent to medical, review preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. No Corrective Action Needed 115.371(d): Based on an interview with the PREA Investigative Staff, the investigations do not end for any reason until the entire investigative process is complete--even in cases where the alleged victim recants allegation and/or where the alleged

abuser or victim is no longer at the facility. Similarly, the investigation would continue even in cases involving a staff who no longer works for the agency.

No Corrective Action Needed

115.371(e): The Agency PREA Investigators are POST Certified and have the legal authority to conduct criminal investigations. Hence, they can interview the residents without consulting the prosecution. After the criminal investigation is complete and it is determined to be criminal, a warrant is issued and the prosecution office is notified and provided a copy of the investigative report.

No Corrective Action Needed

115.371(f): The PREA Investigator advised that the credibility of an alleged victim, suspect, or witness is always assessed on an individual basis and is not determined by the person's status as resident or staff. Further, the investigator noted that resident who alleges sexual abuse are never subjected to submitting to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

No Corrective Action Needed

115.371(g): The PREA Investigative Staff explained that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Further, the staff explained that all administrative investigations are documented in written reports that include a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings.

115.371(h) :An interview with the PREA Investigative staff confirmed that criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence; and attached copies of all documentary evidence where feasible. The PREA Investigator further explained that the report included Miranda Statement forms.

No Corrective Action Needed

115.371(i): Based on an interview with the PREA Investigative Staff, a review of related policies, and information presented in the PAQ, all substantiated cases of misconduct that appear to be criminal in nature are referred for prosecution. The PAQ indicates that there have been no such incidents since the last audit.

No Corrective Action Needed

115.371(j): Policy requires the facility to retain all written reports for both criminal and administrative investigations for as long as the alleged abuser is incarcerated or employed by the facility--plus an additional five years; unless the abuse was committed by a juvenile resident and applicable laws requires a shorter period of retention.

No Corrective Action Needed

115.371(k): Based on an interview with the PREA Investigative Staff, the investigations do not end for any reason until the entire investigative process is complete--even in cases where the alleged abuser or victim is no longer at the facility. Similarly, the investigation would continue even in cases involving a staff who no longer works for the agency.

No Corrective Action Needed.

115.371(l): Auditor is not required to audit this provision

115.371(m): Not Applicable. The agency's PREA Investigators are POST Certified Officers. They have the legal authority to conduct both administrative and criminal PREA investigations.

No Corrective Action Needed

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Requirement of PREA Case Policy 23.1 Prison Rape Elimination Act (PREA) INTERVIEW: PREA Investigative Staff 115.372(a): PREA Policy 23,1, Section X: Evidentiary Standard for Administrative Investigations; p26. explains that a substantiation of an allegation is based on an evidentiary standard no higher than a preponderance of evidence. Administrative findings are reached through interviews, reviewing of cameras; and other investigative tools. This was also confirmed in the PAQ and by the PREA Investigative Staff. No Corrective Action Needed.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: PAQ 115.373 1. Policy 23.1 Prison Rape Elimination Act (PREA) INTERVIEWS: Facility Director PREA Investigative Staff 115.373(a): Based on document reviews and information provided in the PAQ, there have been no criminal or administrative investigations of alleged resident sexual abuse that were completed by facility in the past 12 months. Further, the PAQ; a review of the PREA Policy, and an interview with the Facility Director and the PREA Investigative Staff confirmed that there are processes in place to ensure that proper notifications are made through victim services, legal, counselors, and the Ombudsman office. No Corrective Action Needed. 115.373(b): All Investigations are conducted internally. This standard is therefore not applicable. 115.373(c): According to the PAQ, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. A review of the related PREA Policy, Section 23.1; Section X: Reporting to Residents, Subsection H, p26, advises that the Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth. There has been a ZERO substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. No Corrective Action Needed. 115.373(d): According to information entered in the PAQ, following a resident's allegation that the resident has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Notifications are made through Victim Services. There have been no such incidents involving indictments nor convictions during the past 12 months. No Corrective Action Needed. 115.373(e): The agency has a system in place to document notifications. The policy that describes the process is 23.1 PREA, Section X Investigations, p26, Letter H which states the following: The Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.

No Corrective Action Needed,

115.373(f): Auditor is not required to audit this provision.

Determination of Compliance: Meets Standard

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Policy 3.80 Employee Progressive Discipline Policy 23.1 Prison Rape Elimination Act (PREA) 115.376(a) According to the PAQ, a staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This process is explained in Policy 23.1 PREA, Section XI: Disciplinary Sanctions for Staff, p27. Additionally, Policy 3.80 thoroughly describes the progressive disciplinary process. IV. PROGRESSIVE DISCIPLINE advises that each of the steps in the progressive discipline process is intended to assist the employee in rectifying deficient performance by alerting him or her of deficiencies and outlining steps for improvement as well as consequences for failure to improve in identified areas. Corrective and disciplinary documents should be presented face- to-face by the immediate supervisor/manager. Progressive discipline on staff where youth are involved is found in Section VI: ISSUES INVOLVING YOUTH of the Progressive Discipline Policy. This section explains the following: Employee misconduct and/or negligence involving youth for both classified and unclassified employees will be investigated by the DJJ Office of Investigations. Investigative findings will be forwarded to OHR and OLS for determination of any applicable employee disciplinary action. No Corrective Action Needed. 115.376(b): Based on document reviews of incident report logs, incident report reviews, investigative files, employee files, and other information provided in the PAQ, there have been ZERO staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months. No Corrective action needed. 115.376(c): According to the PAQ, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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. Based on a review of employee files, special incident reports, incident report reviews, logs capturing PREA related events there have been no such incidents. No Corrective Action Needed. 115.376(d): Based on a review of presented documentation in the PAQ as well as a careful analysis of the related agency policies, the agency has processes in place to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Review director notes DOCUMENTS: Policy 23.1 Prison Rape Elimination Act (PREA) Policy 14.3 Citizen And Volunteer Involvement INTERVIEW: Facility Director 115.377(a): Policy 23.1 PREA; Section XI: Corrective Action for Contractors and Volunteers, p27 explains the following: 1. 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. 2. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (see 14.3, Citizen and Volunteer Involvement, Section regarding Termination of Volunteer), the facility will take appropriate remedial measures and shall consider whether to prohibit further contact with youth. There have been ZERO incidents involving contractors or volunteers during the past 12 months. No Corrective Action Needed. 115.377(b): According to the Facility Director, allegations involving contractors or volunteers are reported to law enforcement, unless the activity was not criminal; and is referred to the PREA Investigative unit as all other allegations of abuse. Remedial steps related to contractors and volunteers is to not allow any contact with residents until the investigation is complete; additionally, the prohibiting of further contact with the youth is considered. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: Policy 8.8 Use of Isolation Policy 16.5 Disciplinary Reports and Hearings Policy 23.1 Prison Rape Elimination Act (PREA) 115.378(a): A review of the related policies confirm that the agency has processes in place for disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Additionally, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on- resident sexual abuse. This processes are thoroughly described in the PREA Policy and the Disciplinary Reports and Hearing Policy. The agency also has a policy that describes the Use of Isolation. Based on a review of documents, there have been no PREA related incidents involving the disciplinary process or the use of isolation in the past 12 months. The PREA Policy 23.1, Section XI: Interventions and Disciplinary Sanctions for Residents, p27, advises the following: 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 with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. Pre-adjudicated youth will not be placed in a sexually harmful behavior treatment program. The Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility will prohibit 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. Based on a review of the incident reports, logbooks, incident review documents, and other relevant information presented in the PAQ, there have been no administrative or criminal findings of guilt related to resident-on-resident sexual abuse in the past 12 months. No Corrective Action needed. 115.378(b): Based on information provided in the PAQ, a document review of investigative reports and special incident reports, there have not been any residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. According to policy, disciplinary sanctions, following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse, will be: a. proportionate to the natural and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories; and b. will consider the mental disability or mental illness of the resident when determining sanctions(if applicable); The Director advised that any criminal sanctions will be taken out after a thorough investigation by the Office of Investigations PREA Unit if it is deemed necessary. Although there has been no PREA related use isolation as a sanction, the agency's policy provides instructions for residents to still has access to receive large muscle exercises daily; access to any legally required educational or special educational programming and services; daily visits from a medical and.ir mental health care clinician; and access to other programs and work opportunities to the extent possible. No Corrective Action Needed. 115.378(c): Based on information provided in the PAQ, a document review of investigative reports and special incident

reports, there have not been any residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

115.378(d): The agency policy and PAQ indicates residents who are found guilty will receive disciplinary sanctions, but will also be referred to medical and mental health. According the interview with medical and mental health clinicians, the offending resident will be offered therapy, counseling and other interventions that are designed to address and correct underlying reasons or motivations that contributed to the abuse. Additionally, the clinicians explained that access to general programming or education would not be affected in any way.

No Corrective Action Needed.

115.378(e): The PREA Policy 23.1, Section XI: Interventions and Disciplinary Sanctions for Residents, p27, advises that the agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

No Corrective Action Needed.

115.378(f): The PREA Policy 23.1, Section XI: Interventions and Disciplinary Sanctions for Residents, advises that the residents will not be disciplined for making an allegation (in good faith) of sexual abuse or sexual harassment even if the investigation determines that the abuse did not occur.

No Corrective Action Needed.

115.378(g): The agency has a ZERO-tolerance policy related to sexual activity between resident and prohibits all sexual activity between residents. The facility does not consider non-coerced sexual activity between residents as sexual abuse.

Determination of Compliance: Meets Standard.

Based on information gathered through document reviews, interviews, and observations, the facility has demonstrated substantial compliance.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: Office Of Victim Services Card.pdf Policy 11.1 Medical Intake Screening.pdf Policy 11.2 Nurse Health Assessment and Physical Examination.pdf Policy 12.10 Mental Health Screening.pdf Policy 22.3 Internal Investigations.pdf Prior Victimization and Mental Health Documentation.pdf Policy 23.1 Prison Rape Elimination Act (PREA).pdf SIR Code B6P Prior Victimization SIR reports.pdf Policy 23.1 Attachments Consent to Disclose Protected (Youth under the age of 18).pdf INTERVIEWS: Medical and Mental Health Residents who disclosed Prior Victimization - (0) Randomly Selected Residents (16) 115.381(a): Based on the PAQ, a review of resident records, there have been no residents during this reporting period who have disclosed prior victimization during initial screening; however the facility does have processes in place to ensure that if such disclosures are made during a screening pursuant §115.341, the resident is offered a follow-up meeting with a medical or mental health practitioner. A review of intake screenings confirmed that no residents had made any such disclosures during this auditing period, hence, there were no targeted interviews conducted using the "Residents who Reported Prior Victimization" Protocol. No Corrective Action needed. 115.381(b): According to the PAQ, and an interview with a Staff Who is Responsible for Risk Screening, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The PAQ indicates that there have been 12 percent of residents (over the pass 12 months) who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner. No Corrective Action Needed. 115.381 (c): Based on the PAQ and information provided by the Medical and Mental Health clinicians, information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners or 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. No Corrective Action Needed. 115.381(d): Based on a review of medical and mental health resident records and information provided in the PAQ, 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. Determination of Compliance: Meets Standard Based upon the review and analysis of all available evidence and information, it is determined that the facility meets the standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: 115.382 2. Policy 2.10 Payment of Youth Medical Expenses 115.382 1. Policy 23.1 Prison Rape Elimination Act (PREA) INTERVIEWS: Medical and Mental Health Staff Security Staff and Non-Security Staff First Responders 115.382(a):Based on information provided in the PAQ, 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. Although there has been no incident requiring such services in the past 12 months, interviews with the Mental Health and Medical Staff support that the victims of sexual abuse while confined shall be offered timely information and access to emergency contraceptions and sexually transmitted infections prophylaxis, in accordance to professionally accepted standards of care. This process is thoroughly described in the Policy 23.1 PREA, Page 28, Section: Access to Emergency Medical and Mental Health Services, Letter D. No Corrective Action Needed. 115.382(b): Based on information provided in the PAQ and a review of the related policy, the agency has process in place to ensure that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of said services are to be determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report, staff first responders will take preliminary steps to protect the victims and staff shall immediately make the appropriate medical and mental health practitioners. No Corrective Action Needed. 115.382(c): According to the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There have been no such incident in the past 12 months. No Corrective Action Needed. 115,382(d): Based on the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A review of the related policy confirms that the agency offers these services at no cost to the residents. There have been no such incident requiring payment for services pursuant to this standard in the past 12 months. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: 115.383 1. Policy 23.1 Prison Rape Elimination Act (PREA).pdf 115.383 2. Policy 23.2 Sexual Assault.pdf 115.383(a): Information provided in the PAQ and a review of the related policies, the facility has processes and procedures in place that ensures residents, who have been victimized by sexual abuse (inside or outside of the facility) are offered medical and mental health evaluation and appropriate treatment. Further, policy advises that victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will provide the required services or works with the nearest Rape Crisis Center to offer youth required services. 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. There have been no such incidents that have occurred in the past 12 months where this service was needed. No Corrective Action Needed. 115.383(b): Based on a review of medical records, incident reporting logs, and related policies, the agency has processes in place that ensures on-going medical and treatment services will be provided as appropriate. These services include treatment planning, evaluations, and clinical follow-up. No Corrective Action Needed. 115.383(c): Review of related policies, staff interviews, and observations during the site tour, medical and treatment services were observed to be consistent with the community level of care. Treatment services may be provided by the facility staff and contracted staff as needed. No Corrective Action Needed. 115.383 (d): This is an all male facility. Hence, residents offered emergency pregnancy tests. No Corrective Action Needed. 115.383(e): This is an all male facility. This provision is therefore non-applicable. No Corrective Action Needed.. 115.383 (f): According to the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with the medical and mental health confirm there are processes in place to ensure this practice. 115.383(g): Based on a review of presented documentation and policies, services are provided to the residents at no cost to the victim--even if the victim does not provide the name of the abuser or cooperates with the investigation. 115.383(h): Based on a review of information provided in the PAQ, the facility has a process in place to ensure that mental health evaluations on all known resident-on-resident abusers within 60 days of learning of the abuse history. This treatment will be offered as deemed appropriate by the mental health practitioners No Corrective Action Needed. Determination of Compliance: Meets Standard

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: PREA Related SIR for the past 12 Months - 0 Sexual Abuse Incident Review Team Meeting Sexual Abuse Coordinated Team Response.pdf Policy 23.1 Prison Rape Elimination Act (PREA) Policy 8.5 Special Incident Reporting INTERVIEWS: Facility Director PREA Compliance Manager Incident Review Team Members 115.386(a): The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. According to presented documentation in the PAQ, there have been zero administrative and/or criminal investigation completed at the facility in the past 12 months. Although there have been no incidents, the facility does have policies and processes in place to ensure that incident report reviews are conducted in accordance to this provision. No Corrective Action Needed. 115.386(b): A review of presented documentation and interviews confirm that there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months; hence there has been no sexual abuse incident review conducted. Policy 23.1 PREA does provide that aside incident review must be conducted within 30 days, excluding only "unfounded" incidents. PREA Policy 23,1, Section XIII: DATA COLLECTION AND REVIEW, p29, details the following related to the PREA Incident Review Team: 1. 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. 2. At the conclusion of every sexual abuse investigation, unless unfounded, an incident review will be conducted. (See Attachment J, Sexual Abuse Incident Review Team Meeting Minutes.) a. The signed Attachment J will be maintained for audit reviews by the facility PREA Compliance Manager located in the PREA files. No Corrective Action Needed. 115.386(c):Based on the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. This was corroborated by reviewing the incident review document and an interview with the Facility Director and other members of the Incident Review Team. The PREA Incident Review Team includes upper management staff (i.e., the Assistant Directors, Medical and Mental Health Practitioners, the PREA Compliance Manager, and the Facility Director.) No Corrective Action Needed. 115.386(d):The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the Facility Director and PREA Compliance Manager. The Facility Director advised that the PREA related incidents are collected by the Agency's PREA Coordinator and are assessed to improve the effectiveness of the sexual abuse prevention, detection, and response policies and training. No Corrective Action Needed. 115.386(e): Based on presented documentation in the PAQ and interviews, PREA related incidents are collected by the Agency's PREA Coordinator to be assessed for the improvement and effectiveness of the sexual abuse prevention,

detection, and response policies and training.

No Corrective Action Needed.

Determination of Compliance: Meets Standard

Based on an analysis of presented documentation and corroborating information gathered through observation and interviews, this standard is determined to be compliant.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: Requirement of a PREA Case.pdf PREA related SIR reports - 0 Report of Investigations - 0 2020 PREA Annual Report.pdf 8.5 Special Incident Reporting Policy 23.1 Prison Rape Elimination Act (PREA) 2020 SSV Report.pdf INTERVIEWS: PREA Coordinator Facility Director 115.387(a): Based on presented documentation and information entered into the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions (based on the Survey of Sexual Victimization). No Corrective Action Needed. 115.387(b): A review of the Agency's policy confirms that the Agency has a system in place to collect and aggregate incident-based sexual abuse and uniform data at least annually. This process is thoroughly explained on in PREA Policy 23.1, Section XIII Data Collection and Review, pg. 30. No Corrective Action Needed. 115.387(c): Based on a review of information The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes, at a minimum, the data necessary to answer all the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Policy 23,1 requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), in accordance with DJJ 8.5, Special Incident Reporting, DJJ 23.1, PREA, and Attachment K. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The policy indicates that the agency will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 115.387(d): The data is collected and various types of data are identified and related documents regarding PREA information as applicable. Policy requires statistical information to be maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The facility maintains data and aggregates the data which culminates into the annual report. 115.387(e): The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. 115.387(f): The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. No Corrective Action Needed Determination of Compliance: Meets Standard The facility demonstrated substantial compliance and complies in all material ways with the standard for the relevant review period.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENTS: Survey of Sexual Violence Report Policy 8.5 Special Incident Reporting PREA Annual Report INTERVIEWS: Agency Head PREA Coordinator PREA Compliance Manager 115.388 (a): The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Based on interviews and presented information, data is reviewed and it is used to improve agency's PREA efforts related to prevention, detection and response within the agency and individual facilities. No Corrective Action Needed. 115.388(b): The annual report includes a comparison of the current year's data and corrective actions with those from prior years; and the annual report provides an assessment of the agency's progress in addressing sexual abuse. 115.388(c): The agency makes its annual report readily available to the public at least annually through its website: www.djj.state.ga.us 115.388(d): Based on a review of the published material, there is no personal identifying information present, nor is there sensitive information present that needs to be redacted. No Corrective Action needed. Determination of Compliance: Meets standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS: PREA Annual Report Policy 5.1 Records Management Policy 5.1 Approved Retention Schedules Survey of Sexual Violence report (SSV) Policy 23.1 Prison Rape Elimination Act (PREA) INTERVIEWS: PREA Coordinator 115.389(a): According to the PREA Coordinator, the agency reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that incident-based and aggregate data are securely retained. Based on a review of the policy and observation of record storage, access to the records is restricted to authorize personnel only. 115.389(b): PREA Policy 23.1 requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, be made readily available to the public, at least annually, through its website. Policy explains that the Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval and for release on the DJJ PREA website. Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers. A review of www.djj.state.ga.us confirmed that the information is published on the site. Further, the review confirmed that there is no personal identifiers present in the report. No Corrective Action Needed. 115.389(c): Based on data reported in the PAQ, the agency removes all personnel identifiers from the report before making aggregated sexual abuse data publicly available. A review of the published report supports this practice. The report is published on the Agency's website: www.djj.state.ga.us. No Corrective Action Needed. 115.389(d): The PAQ indicates that the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. This process is thoroughly described in the Agency's Policy 5.1 Records Management and Approved Retention Schedules. No Corrective actions Needed. Determination of Compliance: Meets Standard

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.401(a): The facility was closed while a new one was being built; during the closure, the youth were held at another of the agency's facilities. This is the 3rd year of the 3rd PREA audit cycle; and the first PREA Audit conducted at the newly constructed facility. The last audit at the former facility was conducted March, 2018. No Corrective Action Needed 115.401(b):The auditor was given access to; and the ability to observe all areas of the facility. The auditor was permitted to conduct private interviews with the residents. No Corrective Action Needed. 115.401(h): The auditor had access to, and was able to observe all areas of the facility. No Corrective Action Needed. 115.401(i): The agency/facility provided the auditor with copies of any requested documents and information (to include electronically stored information) as requested and in a timely manner during each phase of the audit process. No Corrective Action Needed. 115:401(m): The auditor was permitted to conduct private interviews with the residents. No Corrective Action Needed. 115.401(n): The auditor sent a Notice of Audit poster to the facility and the posters were placed throughout the facility more than 6 weeks prior to the first day of the on-site portion of the audit. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as they would to an attorney. No confidential information or correspondence was received. No Corrective Action Needed. Determination of Compliance: Meets Standard

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review Pre-Audit Questionnaire Interviews Site Tour and Observations Websites and Publications 115.403(f): All Georgia DJJ PREA Reports are published on the agencies website at www.djj.georgia.gov/prea-reports. This is the third year of the facility's audit cycle. The last PREA Audit published on the agency's website was March 2018. All other previous final PREA Audit Reports are also published on the website: www.djj.state.ga.us No Corrective Action Needed.

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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 functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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?	yes
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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual 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 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry 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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	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 making facility and housing placement decisions and programming assignments?	yes
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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be 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 does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse 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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or 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 the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in 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 publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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