

PREA Facility Audit Report: Final

Name of Facility: Eastman Youth Development Campus

Facility Type: Juvenile

Date Interim Report Submitted: 03/21/2022

Date Final Report Submitted: 07/13/2022

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: Robert B. Latham	Date of Signature: 07/13/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	01/24/2022
End Date of On-Site Audit:	01/25/2022

FACILITY INFORMATION	
Facility name:	Eastman Youth Development Campus
Facility physical address:	176 Freamon Graham Boulevard, Eastman, Georgia - 31023
Facility mailing address:	

Primary Contact	
Name:	Keith Wynn
Email Address:	keithwynn@djj.state.ga.us
Telephone Number:	404-430-4013

Superintendent/Director/Administrator	
Name:	Keith Wynn
Email Address:	keithwynn@djj.state.ga.us
Telephone Number:	404-430-4013

Facility PREA Compliance Manager	
Name:	Taylonda Pauldo
Email Address:	taylondapauldo@djj.state.ga.us
Telephone Number:	O: (478) 231-0906

Facility Health Service Administrator On-Site	
Name:	Buddy Pittman
Email Address:	buddypittman@djj.state.ga.us
Telephone Number:	404-947-9945

Facility Characteristics	
Designed facility capacity:	256
Current population of facility:	54
Average daily population for the past 12 months:	535
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:	16-21
Facility security levels/resident custody levels:	Low, Medium, High
Number of staff currently employed at the facility who may have contact with residents:	102
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	21
Number of volunteers who have contact with residents, currently authorized to enter the facility:	17

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:	
1	115.354 - Third-party reporting
Number of standards met:	
42	
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:	2022-01-24
2. End date of the onsite portion of the audit:	2022-01-25

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:	1. Children's Advocacy Centers of Georgia 2. Stepping Stone Child Advocacy and Sexual Assault Center 3. Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	256
15. Average daily population for the past 12 months:	53
16. Number of inmate/resident/detainee housing units:	12
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:	52
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:	6
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:	0
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:	2
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:	102
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:	17
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:	21
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?	Residents were selected from all open housing units.
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).	Corroboration strategies included discussions with staff and interviews with residents.
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
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).	Corroboration strategies included discussions with staff and interviews with residents.
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).	Corroboration strategies included discussions with staff and interviews with residents.
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).	Corroboration strategies included discussions with staff and interviews with residents.
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:	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).	Corroboration strategies included discussions with staff and interviews with residents.
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).	Corroboration strategies included discussions with staff and interviews with residents.
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).	Corroboration strategies included discussions with staff and interviews with residents.
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:	2
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).	Corroboration strategies included discussions with staff and interviews with residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

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
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
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):	No text provided.
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):	14
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
a. Enter the total number of VOLUNTEERS who were interviewed:	2

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
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
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	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations reported to the auditor.
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
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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:	1
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:	1
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 The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachments, Pages 1-28 a. Section I: Policy, Pages 1-2 b. Section III: Definitions, Pages 2-4 c. Section IV. A-B, Page 5 - Prevention Planning 2. DJJ 23.1, Attachment K - Requirements of a PREA Case 3. Georgia DJJ Policy 23.2, Sexual Assault 4. Georgia DJJ Policy 1.2, Organizational Chart 5. Georgia DJJ Organizational Structure 6. Eastman YDC Organizational Structure 7. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. PREA Coordinator 2. PREA Compliance Manager Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.311 (a) PAQ: The facility asserts the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Georgia DJJ Policy 23.1 (Pages 1-2) the Georgia Department of Juvenile Justice (DJJ) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in DJJ custody. The Georgia Department of Juvenile Justice strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, volunteers, and interns as defined by Department of Justice PREA Juvenile Standards, Georgia State Law, and Georgia Department of Juvenile Justice policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. The Department will take appropriate actions to reduce the risk of all forms of sexual abuse and sexual harassment within the Department of Juvenile Justice facilities, contract residential programs, and community service offices (CSO) by implementing the PREA Standards established by the United States Department of Justice. Policy addresses prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Manager, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. Policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. Policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in such behaviors; and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. 115.311 (b) PAQ: The facility asserts the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure. Georgia DJJ Policy 23.1 (Page 5) DJJ will employ an Agency PREA Coordinator. The Agency PREA Coordinator, PREA Investigators, and the Agency PREA Compliance Specialists will have complete and unrestricted access to all agency facilities, contract/residential programs, offices, records, staff, and youth. Facility staff, contract providers, and community

service staff must cooperate fully with the Agency PREA Coordinator without fear of reprisal or reprimand.

The PREA Coordinator interviewed reported having sufficient time and authority to develop and oversee agency efforts to comply with the PREA Juvenile Standards in all its facilities.

115.311 (c)

PAQ: The facility asserts the facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure.

Georgia DJJ Policy 23.1 (Page 5) The Deputy Commissioner of Secure Facilities and Community Services or their designee will ensure that each facility, community service office, and program designate a PREA Compliance Manager. The facility/office and program Director or designee will provide the Agency PREA Coordinator with an update of any changes in PREA Compliance Managers within two weeks of the change. The position of the PREA Compliance Manager must be included in the organizational structure of the facility, office, and program.

Responsibilities of a PREA Compliance Manager

- a. Maintains PREA files in a locked cabinet;
- b. Ensures that PREA Standards are implemented and monitored; and
- c. Review and monitor allegations of retaliation against anyone who reports or cooperates with investigations of sexual abuse or sexual harassment, and documents claims on Attachment L (PREA Retaliation Monitoring Sheet).
- d. Prepares the facility for US Department of Justice (DOJ) certified audits every three years.

The PREA Compliance Manager for the facility is the Compliance Manager. The Facility PREA Compliance Manager interviewed reported having sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section IV. C, Contracting with other Entities for the Confinement of Residents b. Section XIII. C. 2.a-h. Auditing and Monitoring (Community Residential Providers) 2. Georgia DJJ Policy 2.16: Contracts Administration 3. Contracts with Residential Providers 4. Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment) 5. Eastman YDC Pre-Audit Questionnaire responses Interview: 1. Agency Contract Administrator Designee (PREA Coordinator) Findings (By Provision): 115.312 (a) PAQ: The facility asserts the agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit: 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 56 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 Georgia DJJ Policy 23.1 (Page 5) New contract or contract renewals with public and private entities for the confinement of youth as well as contracts for professional services for youth will include the entity's obligation to adopt and comply with PREA standards. All contractors to include Residential Providers must ensure that all PREA incidents are reported to DJJ Office of Investigations. The auditor reviewed contractual language to verify contracts require contractors to adopt and comply with PREA Standards. Contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 ET. Seq.) and with all PREA standards, Department Policies related to PREA, and Department Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within Department Facilities/Programs/Offices owned, operated or contracted. Contractor will immediately contact the DJJ Office of Investigations PREA Unit upon knowledge of or receiving notice of any suspicion or receiving any information regarding an incident of sexual abuse or sexual harassment involving the Contractor, subcontractor or employees and a youth." 115.312 (b) PAQ: The facility asserts all of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 0 Georgia DJJ Policy 23.1 (Page 31) District Directors and Community PREA Compliance Managers monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and submit reports to the Agency PREA Coordinator. Regional Treatment Services Specialists (RTSS) monitor and conduct internal audits of all Community Residential Providers for PREA compliance and submit reports to the Agency PREA Coordinator. Community Residential Providers follow the guidelines within Georgia DJJ Policy 23.1 and use the attachments for documentation and compliance with program modifications. They are responsible for providing their staff with PREA training to meet all PREA requirements. Community Residential Providers are responsible for contracting with a Department of Justice Certified Juvenile Auditor to conduct an independent audit every three years, completing all required audit documentation, and uploading required documentation for the auditor. The auditor reviewed contractual language to verify contracts require the agency to monitor the contractor's compliance with PREA Standards. The RBWO Task Force Audit Tool for Site Visits is used for contracts for confinement services to determine if the contractor complies with required PREA practices. Contract language is as follows, "Contractor acknowledges that, in addition to "self-monitoring requirements" Department will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA,

including PREA Standards and Department Policies may result in termination of the contract.” Contractor will have all personnel sign a PREA Staff Acknowledgement Statement, Annex I and keep the signed form in the employee's file. Contractor will have all youth, upon admission to their care, sign a PREA Youth Acknowledgement Statement, Annex J, and keep the signed copy in the youth's file.”

Conclusion:

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachments A & B a. Section IV. D-J. Supervision and Monitoring b. Attachment A. Facility Annual Staffing Report c. Attachment B. PREA Unannounced Rounds Documentation 2. Georgia DJJ Policy 8.1: Security Management (Staffing Plan) 3. Georgia DJJ Policy 8.2: Administrative Duty Officer 4. Georgia DJJ Policy 8.20: Room Checks a. Attachment A. Room Observation Form 5. 2020 Facility Annual Staffing Report 6. PREA Unannounced Rounds Documentation 7. List of Doors: "Restricted Area Youth Not Allowed" 8. Secure Facility Staffing Report (Ratio Report) 9. Rosters of Ratio Trained Staff 10. CCTV Review Log 11. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. Documented compliance with 1:8 ratio requirement (June 18, 2022) 2. Unannounced Rounds (day shift) (March 14, 2022) Interviews: 1. Facility Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.313 (a) PAQ: The facility asserts since the 2017 PREA audit: 1. The average daily number of residents: 50 2. The average daily number of residents on which the staffing plan was predicated: 50 Georgia DJJ Policy 23.1 (Page 6) Facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse in accordance with DJJ 7.6, Video Monitoring Systems. The auditor interviewed the Facility Director and PREA Compliance Manager. They both reported the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Facility Director reported he checks for compliance with the staffing plan by completing staff rosters and considering ratios. 115.313 (b) PAQ: The facility asserts each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Georgia DJJ Policy 23.1 (Page 6) Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan.

The auditor interviewed the Facility Director. The Facility Director reported if facility were unable to meet the staffing plan, they would document all instances of noncompliance to include the explanation for the noncompliance.

The facility documents instances of non-compliance with the staffing plan with the Secure Facility Staffing Report and includes an explanation for non-compliance. The auditor reviewed the Secure Facility Staffing Reports for verification.

The Secure Facility Staffing Report documents the ratio for the facility as a whole, but not individual housing units. Corrective action is required.

115.313 (c)

PAQ: The facility asserts it is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: The PAQ inaccurately stated 0.
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

Georgia DJJ Policy 23.1 (Page 6) Each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Only agency approved POST certified staff members or staff members with additional PREA training can be counted in the supervision ratio. The facility will document this information daily in the Secure Facility Staffing Report System (SFS) located on DJJ website. Only the reason(s) for ratio non-compliance should be entered in the comment section.

The auditor interviewed the Facility Director. The Facility Director reported the facility is obligated by DJJ and PREA Standards to maintain ratios of staff-to-youth ratios of 1:8 during resident wake hours and 1:16 during sleep hours. He ensures the facility maintains appropriate staffing ratios by ensuring there are enough staff supervising the residents as required.

PREA Site Review: During the onsite tour of the facility the auditor observed the living units were not compliant with required daytime staffing ratios. This deficit was addressed through corrective action. The facility showed compliance with staff ratios of a minimum of 1:8 during resident waking hours for a period of 90 days. The agency provided documentation showing that Eastman YDC was in compliance with ratio 1:8 during the time period (June 18, 2022).

115.313 (d)

PAQ: The facility asserts least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The facility is required to review, make adjustments to, and complete the Facility Annual Staffing Report. The report is submitted with the required signatures to the Agency PREA Coordinator annually. The Facility Annual Staffing Report considers the following:

1. Generally accepted juvenile secure residential practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's plant (including "blind spots" or areas where staff or residents may be isolated);
6. The composition of the resident population, if changes have occurred;
7. The number and placement of supervisory staff;
8. Programs/activities occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Prevailing staffing patterns;

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported being consulted regarding any assessments of, or adjustments to, the staffing plan for the facility. The assessment occurs annually and is documented through the Facility Annual Staffing Report.

The auditor reviewed the 2021 Facility Annual Staffing Report for verification. The staffing plan review is inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility asserts it requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Georgia DJJ Policy 23.1 (Page 6) The facility will require an Administrative Duty Officer to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds will cover all shifts and all areas of the facility. At least two unannounced rounds must be conducted after 12:30 am and no later than 4:30 am per month. Staff is prohibited from alerting other staff of such rounds. Unannounced rounds cannot be conducted by a staff member during his/her assigned shift. All such rounds must be documented using Attachment B, Unannounced PREA Rounds, and maintained in a binder for PREA audits. The unannounced PREA rounds logbook or documentation must be maintained in the main control room at all times for audits and PREA investigators review.

The Assistant Director reported they conduct documented, unannounced, supervisory rounds. When the rounds are scheduled is not shared with staff.

The auditor reviewed Unannounced PREA Rounds. Unannounced rounds did not cover first shift. Corrective action was required. The facility provided first shift unannounced rounds (March 14, 2022). The first shift unannounced rounds were conducted from January 26, 2022, to March 3, 2022.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.313 (c) The facility showed compliance with staff ratios of a minimum of 1:8 during resident waking hours for a period of 90 days. The agency provided documentation showing that Eastman YDC was in compliance with ratio 1:8 during the time period (June 18, 2022).

115.313 (e)

Unannounced rounds are required for first shift in all areas of the facility. DJJ policy requires all such rounds must be documented using Attachment B, Unannounced PREA Rounds. A signed and dated plan of action is required. The facility must demonstrate compliance conducting unannounced rounds on both shifts and in all areas of the facility for at least one month. The facility provided first shift unannounced rounds (March 14, 2022). The first shift unannounced rounds were conducted from January 26, 2022, to March 3, 2022.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment C a. Section IV. K. Limits to Cross-Gender Viewing and Searches b. Attachment C. Cross-Gender Searches Documentation 2. Georgia DJJ Policy 23.3: Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) a. Attachment A. Transgender/Intersex Declaration of Preference Statement 3. Georgia DJJ Policy 8.22: Searches and Contraband Control a. Section IV. A-D. Body Searches 4. Local Operating Procedures (Post Order) - Showering procedures 5. Cross-Gender Searches Documentation Form 6. Transgender/Intersex Declaration of Preference Statement Form 7. Training: a. Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) - The Moss Group, Inc. b. Limits to Cross-Gender Viewing and Searches PowerPoint - The Moss Group, Inc. c. Cross-Gender Pat Searches for Transgender and Intersex Training Video - The Moss Group, Inc. 8. Training Records Documents (Corrective Action): 1. Staff training records - searches (June 16, 2022) 2. Staff training records - cross-gender announcements (June 26, 2022) 3. Plan of Action for Cross-Gender Announcements (February 28, 2022) Interviews: 1. Random Sample of Staff 2. Random Sample of Residents 3. Transgendered and Intersex Residents – none Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.315 (a) PAQ: The facility asserts it does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months: 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 Georgia DJJ Policy 23.1 (Page 7) The facility will not conduct cross-gender strip and body cavity searches of youth. 115.315 (b) PAQ: The facility asserts it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months: 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 Georgia DJJ Policy 23.1 (Page 6) 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. Policy review and interviews with staff and residents confirmed cross-gender searches are prohibited. 115.315 (c) PAQ: The facility asserts policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Georgia DJJ Policy 23.1 (Page 7) All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. 115.315 (d)

PAQ: The facility asserts it has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Georgia DJJ Policy 23.1 (Page 7) With the exception of medical examinations or urine drug screens, staff will not view youth showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. Each facility will install "PREA friendly" shower curtains on all shower stalls that provide a view of the youth's upper body (shoulder and head) and lower body (knees to feet) while the middle of the curtain prevents viewing of the youth's midsections. The facility shower Local Operating Procedure (LOP) or Post Order must include a detail backup process for same gender showering supervision.

Georgia DJJ Policy 23.1 (Page 7) Staff members of the opposite gender are required to announce their presence when entering a youth housing unit.

Resident interviews revealed staff of the opposite gender do not routinely announce their presence when entering the housing units. Residents stated they are never naked in full view of staff of the opposite gender. Showers are conducted by staff of the same gender.

Staff interviews revealed staff of the opposite gender did not routinely announce their presence when entering the housing units. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

PREA Site Review: Staff conducting the tour described the shower process. Staff of the same gender monitor showers while the residents shower individually behind the privacy of a door and a "PREA Friendly" shower curtain. The auditor observed female staff not announcing their presence when entering a youth housing unit of the opposite gender.

Cross-gender announcements were addressed through corrective action. The facility provided refresher training and posted signs reminding staff to announce their presence when entering a housing unit of the opposite sex (February 28, 2022). Training records were provided and reviewed by the auditor (June 26, 2022).

115.315 (e)

PAQ: The facility asserts it has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.

Georgia DJJ Policy 23.1 (Page 7) No staff will search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical services staff.

Staff interviewed reported they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.315 (f)

PAQ: The facility asserts the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Georgia DJJ Policy 23.1 (Page 7) DJJ staff responsible for searches will be trained in conducting cross-gender pat down search and searches of transgender and intersex residents in a professional, respectful manner, and in the least intrusive manner possible, consistent with security needs. The gender of the staff member searching a transgender or intersex resident will depend on the 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.

Staff interviewed reported they have received such training at post. The auditor requested training records for verification and a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 16, 2022).

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

115.315 (d)

Staff interviews and auditor observations confirmed staff of the opposite gender did not routinely announce their presence when entering the housing units.

The PREA Compliance Manager uploaded a document February 28, 2022, stating department head shift supervisors were advised to discuss and review the PREA standard for cross-gender announcements with female staff during department meetings and/or briefings. All female staff will sign an acknowledgement for stating that they have received and understand that anytime a female staff enters a location where youth are housed, they must announce "Female on Deck". Reminder signs were placed in all housing units to remind female staff to make announcements. Training records were provided and reviewed by the auditor (June 26, 2022).

115.315 (f) The auditor requested training records for verification and a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 16, 2022).

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section IV. Residents with Disabilities and Residents who are Limited English Proficient 2. Georgia DJJ Policy 15.10: Language Assistance Services a. Section III. A-C. Services for residents who are limited English proficient b. Attachment B. "I Speak" Chart (Language Identification) 3. Eastman YDC Pre-Audit Questionnaire responses 4. Individuals with Disabilities Education Act (IDEA) 5. Teachers' Special Education Certifications 6. "I Speak" Chart (Language Identification) 7. Agreement for Interpreter Services 8. Youth Safety Guide for Secure Facilities (English and Spanish) 9. Intake Flyer (English and Spanish) 10. PREA Posters (English and Spanish) 11. Email: Hearing Impaired Phone Documents (Corrective Action): 1. Disabilities Statement (March 28, 2022) Interviews: 1. PREA Coordinator 2. Agency Head Designee (PREA Coordinator) 3. Residents with Disabilities and Limited English Proficient Residents 4. Random Sample of Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.316 (a) PAQ: The facility asserts the agency has established procedures to provide disabled residents 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. Georgia DJJ Policy 23.1 (Page 8) Accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters. The facility will use DJJ 13.32: Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. Each Director, in consultation with the Education Principal/Lead Teacher, will ensure that education staff develop guidelines that will provide assistance to youth with disabilities to deliver PREA information. The guidelines should include but are not limited to the following: staff responsible for services; processes for accessing services to include weekends, holidays, after hours; documentation in JTS; timeframe in which service is to be delivered; and follow-ups. The PREA Coordinator interviewed reported the agency has established procedures to provide disabled residents 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. The auditor reviewed policy and teachers' special education certifications. Site Review Observations: The auditor observed written materials were not available for residents who have intellectual disabilities; residents who have limited reading skills; or residents who are blind or have low vision. The agency indicated written materials are provided verbally to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The materials would be provided verbally by mental health and psychiatric staff, as well as special education teachers. Six residents (with disabilities or who are limited English proficient) were identified during the onsite audit. The auditor interviewed the residents and determined 4 did not require assistance with PREA intake and education. One resident had low reading skills and 1 resident had a lower intellectual functioning level. Both residents stated staff assisted them with intake

and PREA education.

115.316 (b)

PAQ: The facility asserts agency has established procedures to provide residents with limited English proficiency 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.

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, using interpretive services and special education instructors. Age-appropriate information, in both English and Spanish, is available so all residents 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. The facility has a contract for interpreter services. Additionally, the State of Georgia provides automatic website translation into seven languages, courtesy of Google Translate. The languages include: Chinese (Simplified); Haitian Creole; Korean; Portuguese; Russian; Spanish; and Vietnamese.

PREA posters, pamphlets and juvenile handbooks are available in English and Spanish.

There were no residents identified as limited English proficient during the onsite audit.

115.316 (c)

PAQ: The facility asserts agency policy prohibits use of 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.

The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

Georgia DJJ Policy 23.1 (Page 8) The facility will prohibit the use of youth interpreters, youth readers, or other types of youth assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder's duties under 115.364, or the investigation of the youth's allegations. All exigent circumstances must be documented.

Staff interviewed reported the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. Corrective action is complete.

115.316 (a)

The agency provided an explanation how residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Youth with limited English proficiency will be provided an interpreter via Central Office if needed. Pamphlets are available in Spanish and English. The video is closed captioning for youth that are deaf or hearing impaired. If applicable a translator is available to translate the information to the youth. Youth with limited reading skills and or cognitive disabilities will be provided one on one assistance via verbal, interpreter, literacy etc. as needed to understand the orientation/PREA video presentation and written materials. Facility will use DJJ 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. Director, in consultation with the Education Principal, will ensure that education staff develop guidelines that will provide assistance to youth with disabilities to deliver PREA information.

The agency indicated written materials are provided verbally to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The materials would be provided verbally by mental health and psychiatric staff, as well as special education teachers.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment D a. Section IV. V-EE. Hiring and Promotion b. Attachment D. PREA Employment Questionnaire 2. List of New Employees 3. Criminal Background Checks for New Employees 4. List of Employee Promotions 5. Criminal Background Checks for Promotions 6. List of Contractors 7. Contractor Background Checks 8. List of Employee Five Year Background Checks 9. Five Year Criminal Background Checks for Employees and Contractors 10. POST Officer Recertification Letter (Division of Secure Facilities) 11. PREA Employment Questionnaires 12. Letter from Department of Human Services (DHS) 13. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. PREA Employment Questionnaires for Current Employees (January 25, 2022) 2. Contractor Five Year Background Checks (June 24, 2022) 3. Contacting all Prior Institutional Employers (June 18, 2022) 4. Child Abuse Registries Consulted (March 29, 2022) Interviews: 1. Administrative (Human Resources) Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.317 (a) PAQ: The facility asserts 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. Georgia DJJ Policy 23.1 (Page 9) DJJ does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. In accordance with the Prison Rape Elimination Act, DJJ is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment, and/or any civil/administrative liabilities for sexual misconduct prior to employment and/or promotion. Each applicant is required to complete Attachment D, PREA Employment Questionnaire, as a part of the interview process. The PREA Audit Questionnaire (Georgia DJJ Policy 23.1, Attachment D) states that in accordance with the Prison Rape Elimination Act the Georgia Department of Juvenile Justice is required to determine if all prospective employees and/or employees who are being considered for promotions that have any allegations of sexual assaults, sexual harassments and/or any civil/administrative liabilities for sexual misconduct prior to employment The auditor observed the PREA Employment Questionnaire for newly hired employees. Evidence demonstrates compliance with the standard provision. 115.317 (b) PAQ: The facility asserts agency policy requires the consideration of 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.

Georgia DJJ Policy 23.1 (Page 9) DJJ does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. In accordance with the Prison Rape Elimination Act, DJJ is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment, and/or any civil/administrative liabilities for sexual misconduct prior to employment and/or promotion. Each applicant is required to complete Attachment D, PREA Employment Questionnaire, as a part of the interview process.

The PREA Audit Questionnaire (Georgia DJJ Policy 23.1, Attachment D) states that in accordance with the Prison Rape Elimination Act the Georgia Department of Juvenile Justice is required to determine if all prospective employees and/or employees who are being considered for promotions that have any allegations of sexual assaults, sexual harassments and/or any civil/administrative liabilities for sexual misconduct prior to employment.

The auditor interviewed the Human Resources staff. The Human Resources staff reported the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents

The auditor observed the PREA Employment Questionnaire for of newly hired employees. Evidence demonstrates compliance with the standard provision.

115.317 (c)

PAQ: The facility asserts agency policy requires that before it hires any new employees who may have contact with residents, it (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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 10
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

a) Georgia DJJ Policy 23.1 (Page 9) The Department shall perform a criminal background record check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52: Background Investigation.

The auditor interviewed the Human Resources staff. The Human Resources staff reported the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

The auditor observed criminal record background checks for newly hired employees. The auditor observed the PREA Employment Questionnaire for newly hired employees. Evidence demonstrates compliance with the standard provision.

b) Georgia DJJ Policy 23.1 (Page 9) The Department shall perform a criminal background record check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52: Background Investigation.

The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The auditor interviewed the Human Resources staff. The Human Resources staff reported before hiring new employees who may have contact with residents, the facility consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work.

The auditor requested clarification to make a compliance determination. The PREA Coordinator provided information the child abuse registry has been repealed.

c) Policy is silent on this standard provision.

The auditor requested evidence that consistent with Federal, State, and local law, the facility 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.

This standard provision requirement was addressed through corrective action. The auditor requested documented evidence prior institutional employers are contacted. The facility provided thirteen reference check forms. The forms asks prior institutional employers to provide information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.

115.317 (d)

PAQ: The facility asserts 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.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: Unable to calculate percentage because no response was entered during the pre-audit for the question "Number of contracts in the past 12 months for services with contractors who may have contact with residents:"

Criminal Background Records Checks

Georgia DJJ Policy 23.1 (Page 9) The Department shall perform a criminal background record check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52: Background Investigation.

The auditor interviewed the Human Resources staff. The Human Resources staff reported the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

The auditor reviewed contractor criminal record background checks for verification.

Child Abuse Registries Consulted

Georgia DJJ Policy 23.1 (Page 9) The Department shall perform a criminal background record check and consult applicable sex offender registries before enlisting the service of any contractor who may have contact with youth in accordance with DJJ 3.52: Background Investigation.

The Georgia Department of Human Services (DHS) provided the Agency with a letter stating Georgia law prohibits Child Protective Services (CPS) from providing screening information for employment.

The auditor interviewed the Human Resources staff. The Human Resources staff reported before hiring new contractors who may have contact with residents, the facility consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work.

The auditor requested clarification to make a compliance determination. The PREA Coordinator provided information the child abuse registry has been repealed.

115.317 (e)

PAQ: The facility asserts 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.

Georgia DJJ Policy 23.1 (Page 9) The Department shall conduct criminal background record checks at least every five years for non-security employees in facilities and offices as well as contractors in accordance with DJJ 3.52, Background Investigations. The auditor reviewed criminal background record checks of current employees and contractors for verification they are being conducted every five years as required.

Employees

The auditor reviewed five-year criminal background records checks of current employees. Evidence demonstrates compliance with the standard provision.

Contractors

The auditor reviewed five-year criminal background records checks of contractors. Seven contractor background checks were past five years. The facility provided the background checks through corrective action (June 24, 2022).

115.317 (f)

Georgia DJJ Policy 23.1 (Page 9) In accordance with the Prison Rape Elimination Act, DJJ is required to determine if all prospective employees and/or employees being considered for promotions have any allegations of sexual assaults, sexual harassment, and/or any civil/administrative liabilities for sexual misconduct prior to employment and/or promotion. Each applicant is required to complete Attachment D, PREA Pre-Employment Questionnaire, as a part of the interview process.

The PREA Audit Questionnaire (Georgia DJJ Policy 23.1, Attachment D) states that in accordance with the Prison Rape Elimination Act the Georgia Department of Juvenile Justice is required to determine if all prospective employees and/or employees who are being considered for promotions that have any allegations of sexual assaults, sexual harassments and/or any civil/administrative liabilities for sexual misconduct prior to employment.

Policy is silent on the requirement to ask the questions about prior misconduct as part of interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor interviewed the Human Resources staff. The Human Resources staff reported the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct

The auditor reviewed PREA Employment Questionnaires for newly hired employees.

The auditor reviewed PREA Employment Questionnaires for promotions.

The auditor requested PREA Employment Questionnaires completed as part of reviews of current employees. The facility provided questionnaires completed between January 19, 2022, and January 24, 2022.

115.317 (g)

PAQ: The facility asserts agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Georgia DJJ Policy 23.1 (Page 9) Staff or contractors who omit material regarding sexual abuse and sexual harassment or provide materially false information will be terminated.

115.317 (h)

Georgia DJJ Policy 23.1 (Page 10) unless prohibited by law or Georgia DJJ Policies, the Department's Office of Human Resources provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work.

The auditor interviewed the Human Resources staff. The Human Resources staff reported when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported the DJJ legal department would consider whether to 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.

Conclusion, Policy Suggestion, and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

115.317 (c)

(b) The standard provision requires the agency consults any child abuse registry maintained by the State or locality in which the employee would work. The auditor requests clarification. The PREA Coordinator provided information the child abuse registry has been repealed.

(c) The standard provision requires, consistent with Federal, State, and local law, the agency 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. The auditor suggests updating policy to be fully inclusive of the standard provision requirements. This standard provision requirement was addressed through corrective action. The auditor requested documented evidence prior institutional employers are contacted. The facility provided thirteen reference check forms. The forms asks prior institutional employers to provide information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.

115.317 (e)

The standard provision requires criminal background records checks be conducted at least every five years of current contractors who may have contact with residents. Seven contractor background checks were past five years. The facility provided the background checks through corrective action (June 24, 2022).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA)
 - a. Section IV. FF- HH. Upgrades to Facilities and Technology
2. Georgia DJJ Policy 8.15: Video Cameras
3. Facility Schematics
4. Eastman YDC Pre-Audit Questionnaire responses

Interviews:

1. Agency Head Designee (PREA Coordinator)
2. Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)

PAQ: The facility asserts the agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

Georgia DJJ Policy 23.1 (Page 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 in addition to the requirements in DJJ 7.1, Physical Plant Requirements. The agency will not consider open bay living units to house youth. The Agency PREA Coordinator will serve on the primary committee for PREA planning purposes.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

The auditor interviewed the Facility Director. The Facility Director reported the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

PREA Site Review:

The auditor observed there has been no substantial expansion or modifications to the existing facility.

115.318 (b)

PAQ: The facility asserts the agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Georgia DJJ Policy 23.1 (Page 10) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider 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.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported when installing or updating 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.

The auditor interviewed the Facility Director. The Facility Director reported when installing or updating 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.

PREA Site Review:

The auditor observed there have been no updates to the video monitoring system.

Conclusion:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section V. A-K. Responsive Planning, Evidence Protocol and Forensic Medical Examinations b. Attachment K. Requirements of a PREA Case c. Section IV. A. Services provided at no cost to resident victims 2. Georgia DJJ Policy 22.3: Internal Investigations 3. Georgia DJJ 2.10: Payment of Youth Medical Expenses 4. Georgia Bureau of Investigations (GBI) Evidence Protocol 5. List of Medical and Mental Health Staff w/ Licenses 6. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. Draft MOU with Children's Advocacy Centers of Georgia (May 31, 2022) 2. Email Correspondence with Children's Advocacy Centers of Georgia (May 31, 2022) Interviews: 1. PREA Compliance Manager 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse - none 4. SAFE's/SANE's (Stepping Stone Child Advocacy and Sexual Assault Center) Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.321 (a) PAQ: The facility asserts the agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct) Georgia DJJ Policy 23.1 (Page 10) The Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse in accordance with DJJ 22.3: Internal Investigations. DJJ Office of Investigations PREA Unit conducts administrative and criminal sexual abuse investigations. The Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follows the guidelines of the "National Protocol for Sexual Assault Medical Forensic Examinations". Staff interviewed reported they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Most staff interviewed reported the DJJ Office of Investigations PREA Unit is responsible for conducting sexual abuse investigations. For staff who reported not knowing who is responsible for conducting sexual abuse investigations, the auditor informed them of the agency investigators. 115.321 (b) PAQ: The facility asserts the uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. Georgia DJJ Policy 23.1 (Page 10) The investigations will follow the guidelines of a National Sexual Abuse Protocol or similarly comprehensive and authoritative protocol. The DJJ Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follows the guidelines of the "National Protocol for Sexual Assault Medical Forensic Examinations". 115.321 (c) PAQ: The facility asserts it offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim.

Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANEs/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

Georgia DJJ Policy 23.1 (Page 11) Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at a local hospital. When SANEs or SAFEs are not available at the local hospital, a qualified non DJJ medical practitioner will perform the forensic medical examinations. The examination will be documented by the facility. Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with DJJ 2.10, Youth Medical Expenses.

The auditor contacted the Dodge County Hospital. Emergency room staff stated the hospital does not perform forensic examinations. These examinations would be available at the Stepping Stone Child Advocacy and Sexual Assault Center in Dublin Georgia. The auditor contacted the Stepping Stone Child Advocacy and Sexual Assault Center. The Executive Director confirmed SANE services would be available to sexual abuse victims at the facility.

115.321 (d)

PAQ: The facility asserts the facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Georgia DJJ Policy 23.1 (Page 11) The facility, through the DJJ Office of Contracts, will enter into a memorandum of understanding (MOU) with local rape crisis centers or community service providers that are able to provide youth with access to outside victim advocates for emotional support services related to sexual abuse.

If and when a rape crisis center is not available to provide victim advocate services, the DJJ Office of Victim Services also provides advocacy services for resident victims and the facility has mental health staff that are qualified to serve as victim advocates.

This standard provision requirement was addressed through corrective action. The auditor requested documented efforts the facility makes a victim advocate from a rape crisis center available. The agency provided documented evidence in the form of email correspondence and a draft MOU with Children's Advocacy Centers of Georgia, to provide residents with emotional support services related to sexual abuse, with the 52 children's advocacy centers in Georgia (May 31, 2022).

The auditor contacted the Children's Advocacy Centers of Georgia CEO and confirmed services would be available to all DJJ facilities and the MOUs were in development.

The auditor contacted the Stepping Stone Child Advocacy and Sexual Assault Center. The Executive Director confirmed victim advocate services would be available to sexual abuse victims at the facility.

The auditor has requested documented efforts the facility makes a victim advocate from a rape crisis center available.

115.321 (e)

PAQ: The facility asserts if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager reported a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

The auditor reviewed a list of facility mental health staff with licenses. These staff include a psychologist, therapists, and counselors.

There were no residents identified, who reported a sexual abuse, present during the onsite audit.

115.321 (f)

PAQ: The facility asserts if the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Georgia DJJ Policy 23.1 (Page 10) The Office of Investigations is responsible for conducting administrative and criminal sexual abuse investigations, including youth-on-youth and staff-on-youth sexual abuse in accordance with DJJ 22.3: Internal Investigations.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. Corrective action is complete.

115.321 (d) The agency provided documented evidence in the form of email correspondence and a draft MOU with Children's Advocacy Centers of Georgia, to provide residents with emotional support services related to sexual abuse, with the 52 children's advocacy centers in Georgia (May 31, 2022).

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section V. L&M. Policies to Ensure Referrals of Allegations for Investigations b. Attachment K. Requirements of a PREA Case 2. Georgia DJJ Policy 8.5: Special Incident Reporting 3. Georgia DJJ Policy 14.3: Citizen and Volunteer Involvement 4. Georgia DJJ Policy 22.3: Internal Investigations a. Section III. C. Investigations are completed by DJJ Office of Investigations. b. Section III. M. Training Requirements c. Section III. N.1. All allegations of sexual abuse or harassment are referred for investigation. 5. Requirements of a PREA Case (PREA Coding System) 6. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Agency Head Designee (PREA Coordinator) 2. Investigative Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.322 (a) PAQ: The facility asserts the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: 1. The number of allegations of sexual abuse and sexual harassment that were received: 1 2. The number of allegations resulting in an administrative investigation: 1 3. The number of allegations referred for criminal investigation: 1 4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed. Georgia DJJ Policy 23.1 (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. 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. The DJJ Office of Investigations, PREA Unit consists of Georgia State certified police officers with the authority to conduct criminal investigations, make arrests, obtain warrants, and refer cases for criminal prosecution. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publicly available upon request. An administrative or criminal investigation is completed in the following manner: A resident makes an allegation; the staff member receiving the allegation notifies their direct supervisor and completes a Special Incident Report (SIR); the Facility Director notifies the Office of Investigations within two hours; the Investigator in turn instructs the Facility Director how to code the allegation. The auditor interviewed the Agency Head Designee (Agency PREA Coordinator). The PREA Coordinator reported that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. She stated the process of how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment as described above. The auditor reviewed one investigative report for an allegation of staff-on-resident sexual harassment. 115.322 (b) PAQ: The facility asserts the agency has a policy that requires that allegations of sexual abuse or sexual harassment 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. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal

investigation.

Georgia DJJ 22.3 (Page 6) The Office of Investigations will investigate all allegations of sexual misconduct on DJJ property or in a residential program contracted by DJJ, including third party and anonymous reports.

DJJ documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation in a formal investigation report.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: [DJJ22.3InternalInvestigations.pdf \(state.ga.us\)](#)

The auditor interviewed the PREA Investigations Unit Supervisor. The PREA Investigations Unit Supervisor reported the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. He stated the DJJ Office of Investigations conducts administrative and criminal investigations. He stated he may involve the GBI crime lab for forensics.

115.322 (c) non-applicable

The DJJ Office of Investigations conducts administrative and criminal investigations.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The DJJ Office of Investigations conducts administrative and criminal investigations.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: [DJJ22.3InternalInvestigations.pdf \(state.ga.us\)](#)

115.322 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Conclusion:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment G a. Section VI. A-C. Employee training (includes all eleven required topics) b. Attachment G. PREA Training Series - Modules 1-6 2. Prison Rape Elimination Act (PREA) Acknowledgements 3. Staff Training Rosters 4. Staff Training Hours Report 5. Staff Training Certificates 6. Training Curriculum and Materials a. PREA Staff Training Series: Modules 1-6 b. PREA Training Matrix c. Staff Gender Responsive Training 7. Staff First Responder Cards 8. PREA Staff Poster 9. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. 2022 Staff Training Records (June 19, 2022) Interviews: 1. Random Sample of Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.331 (a) PAQ: The facility asserts the agency trains all employees who may have contact with residents on the eleven (11) required topics. Georgia DJJ Policy 23.1 (Page 12) All staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and response policies and procedures. Staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series. All DJJ employees who have contact with residents complete training on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent. Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and PREA refresher training will be conducted once a year thereafter. The auditor reviewed 2021 staff training records for 13 staff for verification. The auditor has requested 2021 training records for all staff for review and to make a compliance determination. The auditor requested additional training records to make a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 19, 2022). 115.331 (b) PAQ: The facility asserts training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

The auditor reviewed the Gender Responsive PowerPoint.

115.331 (c)

PAQ: The facility asserts the number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 102

Georgia DJJ Policy 23.1 (Page 12) The agency PREA refresher training will be conducted every two years beginning in 2015. All full and part-time staff members are required to complete the online refresher training as designated by the Agency PREA Coordinator.

The auditor reviewed the PREA training curriculum. The auditor reviewed 2021 staff training records/ employee acknowledgement forms for 13 staff for verification. The auditor has requested 2021 training records and employee acknowledgement forms for all staff for review and to make a compliance determination.

115.331 (d)

PAQ: The facility asserts the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Georgia DJJ Policy 23.1 (Page 12) The facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff sign the Prison Rape Elimination Act (PREA) Acknowledgement, and their participation is electronically recorded in the Staff Training Hours Report.

The auditor reviewed employee acknowledgement forms and staff training records for verification training participation is documented.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is not fully compliant with this standard regarding employee training. Corrective action is complete.

115.331 (a) and (c)

The auditor reviewed 2021 staff training records and employee acknowledgement forms for 13 staff verification. The auditor requested additional training records to make a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 19, 2022).

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment E a. Section VI. D-G. Volunteer and Contractor Training b. Attachment E. Staff PREA Acknowledgment 2. Georgia DJJ Policy 14.3: Citizen and Volunteer Involvement and Attachment H a. Attachment H. Volunteer/Guest Consent and PREA Acknowledgement 3. Training Curriculum and Materials a. PREA Staff Training Series: Modules 1-6 b. PREA Training Matrix 4. List of Volunteers 5. List of Contractors 6. PREA Acknowledgement Statements 7. Volunteer/Guest Consent and PREA Acknowledgement 8. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Volunteers or Contractors who have Contact with Residents Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.332 (a) PAQ: The facility asserts all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 38 Georgia DJJ Policy 23.1 (Page 13) The facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Interviews with volunteers confirmed they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed the training curriculum, volunteer/contractor acknowledgement forms and training records for verification. 115.332 (b) PAQ: The facility asserts 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Georgia DJJ Policy 23.1 (Page 13) The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse. Interviews with volunteers confirmed they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The volunteers stated they would notify the officer on duty, the facility director, or volunteer coordinator. 115.332 (c) PAQ: The facility asserts the agency maintains documentation confirming that volunteers and contractors understand the training they have received. Georgia DJJ Policy 23.1 (Page 13) The Facility Director or designee shall maintain documentation confirming that volunteers,

interns, and contractors understand the zero-tolerance policy training they have received. Volunteers complete the online PREA training and complete DJJ 14.3: Citizen and Volunteer Involvement, Attachment C, Volunteer/Guest Consent, and PREA Acknowledgement.

The auditor reviewed volunteer/contractor acknowledgement forms and training records for verification.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment H - Section VI. H-L. Resident Education - Attachment H. Youth Acknowledgment Statement - Georgia DJJ Policy 13.32: Special Education Services - Georgia DJJ Policy 15.4. Viewing, Listening, and Reading Materials - Training Curriculum and Materials - Youth PREA Curriculum - Phoenix/New Freedom - Part I: Information and Engagement - Part 2: Motivation - Part 3: PREA Special Issues - Part 4: Situational Awareness - Part 5: Determination to Act Wisely - Part 6: Protective Factors and Asking for Help - Student Handbook (English and Spanish) - Youth Safety Guide for Secure Facilities (English and Spanish) - Resident PREA Posters (English and Spanish) - Break the Silence, Say no to Sexual Abuse - Sexual Abuse and Harassment are Never Okay - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse - No Means No, Report Sexual Abuse - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities - Ombudsman Posters - Victim Services Posters - Stop Sexual Exploitation Now Posters - Commissioner's Orientation Video "End Silence": Youth Speaking Up About Sexual Abuse in Custody Youth Training Booklets - Book 1: Billy Speaks Out (intended for male youth, ages 14-18) - Book 2: Shelia's Dilemma (intended for female youth, ages 14-18) - Book 3: Carlo's Question (focuses on sexual minority youth) - Book 4: Mary's Friend (intended for female youth, ages 10-13) - Book 5: Charlie's Report (intended for male youth, ages 10-13) - Teachers' Special Education Certifications - PREA Youth Acknowledgement Statement - Orientation Acknowledgement Statement - Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): - Disabilities Statement (March 28, 2022) Interviews: - Intake Staff - Random Sample of Residents Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.333 (a) PAQ: The facility asserts residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion. Of residents admitted during the past 12 months, 43 were given this information at intake. Georgia DJJ Policy 23.1 (Page 14) During the intake process, youth will receive, at a minimum, age-appropriate information, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of

sexual abuse and sexual harassment. After the intake process, the youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement.

Intake is documented with the PREA Youth Acknowledgement Statement. The statement includes information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

The auditor interviewed intake staff. The intake staff was not knowledgeable of the location of resident intake information, including intake pamphlets and Spanish language intake information.

Two of the sixteen residents interviewed reported they did not receive the PREA intake information or watch a video.

Six residents (with disabilities or who are limited English proficient) were identified during the onsite audit. The auditor interviewed the residents and determined 4 did not require assistance with PREA intake and education. One resident had low reading skills and 1 resident had a lower intellectual functioning level. Both residents stated staff assisted them with intake and PREA education.

The auditor reviewed PREA Youth Acknowledgement Statements for residents entering the facility in the past 12 months and residents interviewed for verification. Of the 43 statements, 2 were signed the next day after admission and 1 was signed several months after admission.

Site Review Observations: The auditor observed written materials were not available for residents who have intellectual disabilities; residents who have limited reading skills; or residents who are blind or have low vision. The agency indicated written materials are provided verbally to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The materials would be provided verbally by mental health and psychiatric staff, as well as special education teachers.

The auditor reviewed relevant education materials including the PREA video, posters, resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets. This information was uploaded to the online audit system and is also available on the agency website.

115.333 (b)

PAQ: The facility asserts residents admitted during the past 12 months:

1. The number who received such education within 10 days of intake: 222
2. The percent who were given this information within 10 days of intake: 100%

Georgia DJJ Policy 23.1 (Page 14) Within 72 hours of intake, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials will inform the youth of agency protocol for responding to such incidents. All materials used for the orientation must be authorized by the Agency PREA Coordinator. Completion of the one-hour PREA orientation must be documented in the youth's JTS file.

Orientation is documented with the Orientation Acknowledgement Statement. The statement includes information about 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.

Interviews with the intake staff and residents revealed the intake process was not in compliance with the standard provision requirement. The intake staff was not knowledgeable of resident intake procedures and information. Several residents stated they did not receive intake information or watch a video.

Site review observations of intake revealed resident intake information as not readily assessable.

The auditor requested the facility provide a detailed plan of action. The facility uploaded the plan February 28, 2022.

115.333 (c)

PAQ: The facility asserts all residents were educated within 10 days of intake.

Residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

In addition to the basic PREA education requirements, the residents participate in a six session PREA Curriculum. The curriculum goes beyond simply saying what behavior is not allowed. It is designed to empower residents to make good choices, to take specific action steps, and to address more broadly the range of abuse and victimization so many of them have experienced in their young lives. The goal is for the youth to reduce their vulnerability and to increase positive steps in self-management. DJJ has an extensive PREA education program for short and long-term residents.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Georgia DJJ Policy 23.1 (Page 14) Education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (see DJJ 13.32, Special Education Services). Accommodations will be made in accordance with DJJ 15.10, Language Assistance Services, to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

DJJ utilizes the End Silence: Youth Speaking Up about Sexual Abuse in Custody. The series is intended for youth 10-13, 14-18, and LGBTI youth. Special education teachers are available as needed.

PREA posters, pamphlets and juvenile handbooks are available in English and Spanish.

There were no residents identified as limited English proficient during the onsite audit.

Site Review Observations: The auditor observed written materials were not available for residents who have intellectual disabilities; residents who have limited reading skills; or residents who are blind or have low vision. The agency indicated written materials are provided verbally to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The materials would be provided verbally by mental health and psychiatric staff, as well as special education teachers.

115.333 (e)

PAQ: The facility asserts agency maintains documentation of resident participation in PREA education sessions.

Georgia DJJ Policy 23.1 (Page 14) After the intake process, youth will sign the Youth PREA Acknowledgement Statement, (Attachment H). Within 72 hours of the intake process, the youth's statement will be scanned into JTS documents and listed as PREA Acknowledgement Statement. Completion of the one hour PREA orientation must be documented in the youth's JTS file.

The auditor reviewed PREA Youth Acknowledgement Statement and Orientation Acknowledgement Statements for residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (f)

PAQ: The facility asserts the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Georgia DJJ Policy 23.1 (Page 14) In addition to providing orientation, the facility Director will ensure that key PREA information is continuously available or visible to youth through posters, student handbooks, or other written formats.

The auditor reviewed the resident handbook, pamphlets, and other educational materials available in English and Spanish.

During the site review the auditor observed PREA posters are placed prominently in the living units, intake, and other areas of the facility that are easily accessible by the residents. The posters include information on zero-tolerance and how to make a report. Additionally outside support services contact information has been posted as part of corrective action.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident education. Corrective action is complete.

115.333 (a)

The auditor requested a detailed plan of action (February 13, 2022). The facility uploaded the plan February 28, 2022.

Facility response, "The intake process will begin immediately upon the youth's arrival with the staff verbally providing an explanation of the admission process. New admissions will be provided a formal orientation presentation within 24 hours of admission to Eastman YDC. The formal orientation presentation will include a verbal review of the youth handbook. The orientation includes information concerning PREA prevention and intervention, self-protection, reporting sexual abuse, and treatment and counselling services. Youth will view the department's video regarding the reporting of alleged child abuse, hand washing and bullying. Youth will be given the opportunity to ask questions concerning the video until they have a comprehensive understanding of its meaning. At the time of intake each youth will receive a student handbook, PREA pamphlets, and contact names and numbers to report any issues of PREA.

Corrective action is complete.

115.333 (b)

The auditor requested a detailed plan of action (February 13, 2022). The facility uploaded the plan February 28, 2022.

Facility response, "Within 72 hours of intake, the facility will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The materials will inform the youth of agency protocol for responding to such incidents."

Corrective action is complete.

115.333 (d)

The agency provided an explanation how residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Youth with limited English proficiency will be provided an interpreter via Central Office if needed. Pamphlets are available in Spanish and English. The video is closed captioning for youth that are deaf or hearing impaired. If applicable a translator is available to translate the information to the youth. Youth with limited reading skills and or cognitive disabilities will be provided one on one assistance via verbal, interpreter, literacy etc. as needed to understand the orientation/PREA video presentation and written materials. Facility will use DJJ 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. Director, in consultation with the Education Principal, will ensure that education staff develop guidelines that will provide assistance to youth with disabilities to deliver PREA information.

The agency indicated written materials are provided verbally to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The materials would be provided verbally by mental health and psychiatric staff, as well as special education teachers.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VI. M&N. Specialized Training: Investigations 2. Georgia DJJ Policy 22.1: Sworn Law Enforcement ID Cards 3. Georgia DJJ Policy 22.3: Internal Investigations 4. Training Curriculum and Materials a. Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting - National Institute of Corrections (NIC) 2013 b. PREA Staff Training Series: Modules 1-6 c. PREA Training Matrix 5. NIC Training Certificates 6. Georgia Bureau of Investigations (GBI) Evidence Protocol Process 7. Eastman YDC Pre-Audit Questionnaire responses Interview: 1. Investigative Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.334 (a) PAQ: The facility asserts agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Georgia DJJ Policy 23.1 (Page 14) All staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and response policies and procedures. Staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series. The facility will document, through employee signature or electronic verification that the employees understand the training they have received. The Office of Investigations will receive specialized training as required by PREA standards. DJJ Office of Investigations (PREA Unit) investigators receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. Additionally, investigators are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting". The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor reported he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received training from the Georgia Public Safety Training Center, completed the DJJ PREA Staff Training Series: Modules 1-6, and completed NIC specialized training topics. The auditor reviewed training records for verification. The auditor reviewed the training records for training required by standard 115.331. 115.334 (b) Georgia DJJ Policy 23.1 (Page 14) Policy requires investigators to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting". NIC training includes: conducting investigations of sexual abuse in confinement settings, 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 action or referral to the District Attorney's office for prosecution. All PREA investigators in the Office of Investigations have completed NIC PREA training. Training is documented by certificates of completion. The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor reported he has received the required training. The auditor reviewed NIC certificates for verification 115.334 (c) PAQ: The facility asserts the agency maintains documentation showing that investigators have completed the required

training.

The number of investigators the agency currently employs: 25; There are 5 investigators assigned to the PREA Unit.

Training is documented by certificates of completion PREA Acknowledgement Statements, the Staff Training Hours Report, and NIC Certificates. The PREA Unit Field Supervisor interviewed reported he has received the required training. The auditor reviewed 22 NIC certificates for verification.

Conclusion:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training: investigations. No corrective action is required.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VI. O&P. Specialized Training: Medical and Mental Health Care is documented by certificates of completion. 2. Training Curriculum and Materials a. PREA Staff Training Series: Modules 1-6 b. PREA Training Matrix c. "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates d. "Medical Health Care for Sexual Assault Victims in a Confinement Setting" NIC Certificates 3. List of Mental Health Care Practitioners 4. List of Medical Practitioners 5. Training Records 6. PREA Acknowledgement Statements 7. Staff Training Hours Report 8. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. Medical and Mental Health Staff Training Records (June 18, 2022) 2. PREA Acknowledgement Statements (June 18, 2022) Interviews: 1. Medical and Mental Health Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.335 (a) PAQ: The facility asserts the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 18 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% Georgia DJJ Policy 23.1 (Page 15) The Office of Medical Health Care Services full and part-time staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault in a Confinement Setting". The Office of Behavioral Health Services full and part-time staff are required to complete National Institute of Corrections (NIC) online training "Prison Rape Elimination Act (PREA) Behavioral Health Care for Sexual Assault in a Confinement Setting". Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed 18 NIC Certificates. 115.335 (b) PAQ: The facility asserts the agency does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite. Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at DJJ facilities. 115.335 (c) PAQ: The facility asserts the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The auditor reviewed 18 NIC Certificates. 115.335 (d) Georgia DJJ Policy 23.1 (Page 14) All staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and response policies and procedures. Staff must complete the PREA Training Series as listed in

Attachment G, PREA Training Series. The facility will document, through employee signature or electronic verification that the employees understand the training they have received.

Georgia DJJ Policy 23.1 (Page 13) The facility Director or designee shall ensure that all volunteers, interns, and contractors who have contact with youth at the facility have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse. The facility Director or designee shall maintain documentation confirming that volunteers, interns, and contractors understand the zero-tolerance policy training they have received.

Medical and mental health care practitioners 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. DJJ Office of Medical Health Care Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6. The medical staff are contracted personnel. DJJ Office of Behavioral Health Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.331 via PREA Modules 1-6.

The auditor requested training records for verification and a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 18, 2022).

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.

115.335 (d)

The auditor requested training records for verification and a compliance determination. The facility provided 18 staff training records for 2022 demonstrating staff are receiving the required training (June 18, 2022).

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VII. A-L. Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents 2. Georgia DJJ Policy 11.1: Medical Intake Screening 3. Georgia DJJ Policy 11.2: Nurse Health Assessment and Physical Examination 4. Georgia DJJ Policy 12.10: Mental Health Screening 5. Georgia DJJ Policy 17.1: Admission and Release 6. Georgia DJJ Policy 17.3: Custody and Housing Assessment 7. Georgia DJJ Policy 15.6: Access to Mail 8. Georgia DJJ Policy 23.3: Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) a. Attachment A. Transgender/Intersex Declaration of Preference Statement 9. PREA Screening Report User Guide 10. PREA Screening Reports 11. PREA Screening Reports - Classification and Housing Assessments – 90 Day Reassessments 12. Transgender/Intersex Declaration of Preference Statement Form 13. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. PREA Screening Reports for Corrective Action (June 19, 2022) 2. Updated Fully inclusive PREA Screening Reports (May 5, 2022) Interviews: 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.341 (a) PAQ: The facility asserts 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. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. In the past 12 months: 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 43 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% The policy requires that a resident's risk level be reassessed periodically throughout their confinement. Georgia DJJ Policy 23.1 (Page 15) The intake worker/officer must ask each youth, in a private area, the following question prior to being searched and showered: "Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours (3 days). If the youth answers yes, staff will immediately follow the protocol in DJJ 23.1: Prison Rape Elimination Act (PREA), Section VIII. G, Preserve and Protect any Evidence. If the youth answers no, then normal intake procedures will be continued. DJJ uses a comprehensive risk assessment process. Extensive, individual risk assessments such as medical assessments, mental health assessments, nursing health appraisals, physical examinations, education level and other risk factors are entered into a data base. The data base then populates the required PREA information into a single objective screening instrument, the PREA Screening Report (PSR). The auditor interviewed the Staff Responsible for Risk Screening. The Staff Responsible for Risk Screening reported she

screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with the youth during the intake process: Mental Health Screening; Medical Screening; Nurse Health Appraisal; Medical Physical Examination; Education Documentation; and any other relevant documents.

Residents interviewed confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They reported they were asked these questions at intake.

The auditor reviewed 49 risk screens for the past 12 months and residents interviewed. Twenty-five of 49 were conducted past 72 hours. This deficit was addressed through corrective action (June 19, 2022). The facility provided 5 additional risk screens. Of the 5 intake screens reviewed, 4 were completed within 72 hours of intake and 1 was completed 4 days after intake.

Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months using the Classification and Housing Assessment form.

Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months using the Classification and Housing Assessment form. The auditor reviewed over 60 examples of completed Classification and Housing Assessment examples for verification.

115.341 (b)

PAQ: The facility asserts the risk assessment is conducted using an objective screening instrument.

The auditor reviewed the objective PREA Screening Report (PSR).

115.341 (c)

Georgia DJJ Policy 23.1 (Page 16) Youth vulnerability assessments will be conducted and documented by generating the PREA Screening Report (PSR). At a minimum, the report will attempt to ascertain information about the following:

1. Prior sexual victimization or abusiveness;
2. The Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.
3. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse;
4. Current charges and offense history;
5. Age;
6. Level of emotional and cognitive development;
7. Physical size and stature;
8. Mental illness or mental disabilities;
9. Intellectual or developmental disabilities;
10. Physical disabilities;
11. The youth's perception of vulnerability; and
12. Any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths.

The auditor observed the PREA Screening Report did not include questions about residents who are bi-sexual or intersex, and the form does not assess the physical build of a resident. The agency updated the PREA Screening Report to be inclusive of all required criteria (May 5, 2022). The auditor reviewed eight examples demonstrating the updated PREA Screening Report is in practice.

115.341 (d)

Georgia DJJ Policy 23.1 (Page 16) The resident's information will be ascertained through conversations with the youth during the intake process, Mental Health Screening, Medical Screening, Nurse Health Appraisal, Medical Physical Examination, education documentation, and other relevant documents from the youth's files or Juvenile Tracking System (JTS). Information from the screening and other resources will be populated into the youth PREA Screening Report (PSR).

The auditor interviewed the Staff Responsible for Risk Screening. The Staff Responsible for Risk Screening reported the information is ascertained through conversations with the youth during the intake process: Mental Health Screening; Medical Screening; Nurse Health Appraisal; Medical Physical Examination; Education Documentation; and any other relevant documents.

115.341 (e)

Georgia DJJ Policy 23.1 (Page 16-17) The facility will control the dissemination of the youth's information by complying with all applicable disclosure requirements and Facility PREA Compliance Manager. The dissemination of information ensures

that sensitive information is not exploited to the resident's detriment by staff or another resident.

The Facility PREA Compliance Manager will disseminate results of the PREA Screening Report (PSR) to the facility management team on a need-to-know basis. The PREA Compliance Manager will implement a system that ensures that staff members working directly with the youth are advised of the status of at-risk youth or youth posing a risk to others. The facility treatment team members and program and supervising staff should continually review the youth's adjustment within the facility.

The auditor observed the screening reports are stored electronically. The PSR Users Guide states the PSR will only be accessible to designated PREA Compliance Managers in the respective facility. The PSR pulls information of the youth answered questions from the following three intake processes: Mental health screening, medical intake and medical health appraisal. Medical and mental health practitioners also have access to the electronically stored information.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The information is considered protective HIPAA information. It is provided to the facility management team members on a need-to-know basis.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager/ Staff Responsible for Risk Screening reported the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. This information is disclosed on a need-to-know basis to the facility management team. The facility ensures the staff that are working directly with the youth is advised of a youth identified of being at risk or posing a risk to others. The facility does not give out the specific information.

Conclusion and Corrective Action:

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding obtaining information from residents. Corrective action is complete.

115.341 (a)

Intake screens were provided through corrective action (June 19, 2022). The facility provided 5 additional risk screens. Of the 5 intake screens reviewed, 4 were completed within 72 hours of intake and 1 was completed 4 days after intake.

115.341 (c)

The agency updated the PREA Screening Report to be inclusive of all required criteria (May 5, 2022)..

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) - Section VII. M-P. Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments - Georgia DJJ Policy 15.11: Request for Services - Georgia DJJ Policy 17.3: Custody and Housing Assessment - Section IV. A. Housing Assessment - Section V. A&B. Custody Level Assessment - Georgia DJJ Policy 18.4: Work Activities for Youth - Georgia DJJ Policy 23.3: Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) - Attachment A. Transgender/Intersex Declaration of Preference Statement - Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action) - Isolation Statement (June 6, 2022) - Custody and Housing Assessment Functional Description (April 21, 2022) Interviews: - PREA Coordinator - PREA Compliance Manager - Staff Responsible for Risk Screening - Facility Director - Staff who Supervise Residents in Isolation – N/A - Medical and Mental Health Staff - Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – none - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – no isolation Site Review Observations: Observations during on-site review of physical plant
	Findings (By Provision): 115.342 (a) PAQ: The facility asserts 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. Georgia DJJ Policy 23.1 (Page 17) Policy states all information obtained shall be used to make housing, bed, program, and work assignments for youth with the goal of keeping all youth safe from sexual abuse. The facility makes individualized determinations about how to ensure the safety of each youth. The PREA Coordinator interviewed reported the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments. The PREA Compliance Manager interviewed reported the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments. The auditor requested clarification how the agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The auditor reviewed over 60 examples of Custody and Housing Assessments with differing population assignments and alert levels. 115.342 (b) PAQ: The facility asserts it has a policy that residents at risk of sexual victimization may only be placed in 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. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Georgia DJJ Policy 23.1 (Page 17) Youth may be isolated from others only as a last resort, when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. If a youth is isolated to keep himself/herself safe, the facility shall clearly document the following:

1. The basis for the facility's concern;
2. The reason(s) why no alternative means of separation can be arranged; and
3. A weekly determination of whether there is a need for continuing separation from the general population

The PREA Coordinator provided a statement that DJJ does not use isolation.

Site Review Observations: The auditor did not observe isolation being used for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility asserts it 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. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Georgia DJJ Policy 23.1 (Page 18) LGBTI youth will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider LGBTI identification or status as an indicator of the likelihood of being sexually abusive.

The PREA Coordinator interviewed reported gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Compliance Manager interviewed reported gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Site review Observations: The auditor observed there are no particular housing units for residents identified to be lesbian, gay, bisexual, transgender, or intersex.

No residents identified by facility staff or interviewed by the auditor, identified as being gay, bisexual, transgender, or intersex.

115.342 (d)

PAQ: The facility asserts the agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Georgia DJJ Policy 23.1 (Page 17) When assigning a transgender or intersex youth to a male or female facility, staff will consider on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems.

The PREA Compliance Manager interviewed reported housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

No residents who identify as transgender or intersex were identified during the onsite phase of the audit.

115.342 (e)

PAQ: The facility asserts placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Georgia DJJ Policy 23.1 (Page 18) Placements and programming assignments for transgender or intersex residents will be reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration will be given to the youth's views with respect to his or her safety.

The auditor interviewed the PREA Coordinator and the Staff Responsible for Risk Screening. They both reported placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

No residents who identify as transgender or intersex were identified during the onsite phase of the audit.

115.342 (f)

PAQ: The facility asserts a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Georgia DJJ Policy 23.1 (Page 18) Serious consideration will be given to the youth's views with respect to his or her safety.

The auditor interviewed the PREA Coordinator and the Staff Responsible for Risk Screening. They both reported a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

No residents who identify as transgender or intersex were identified during the onsite phase of the audit.

115.342 (g)

PAQ: The facility asserts transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Georgia DJJ Policy 23.1 (Page 18) Transgender and intersex youth are given the opportunity to shower separately from other residents.

The auditor interviewed the PREA Coordinator and the Staff Responsible for Risk Screening. They both reported transgender and intersex residents are given the opportunity to shower separately from other residents.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager reported transgender and intersex residents given the opportunity to shower separately from other residents.

Site Review Observations: The auditor observed showers in the living units. The showers provide for privacy. Staff interviewed revealed a resident who identifies as transgender, or intersex would be given the opportunity to shower in intake or medical if needed. No residents who identified as transgender or intersex were identified during the onsite phase of the audit.

115.342 (h)

PAQ: The facility asserts from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

Georgia DJJ Policy 23.1 (Page 17) If a youth is isolated to keep himself/herself safe, the facility shall clearly document the following:

1. The basis for the facility's concern;
2. The reason(s) why no alternative means of separation can be arranged; and
3. A weekly determination of whether there is a need for continuing separation from the general population (115.342).

The PREA Coordinator provided a statement that DJJ does not use isolation. The facility reports not using isolation for residents at risk of sexual victimization in the past 12 months.

115.342 (i)

PAQ: The facility asserts if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

The PREA Coordinator provided a statement that DJJ does not use isolation.

The facility reports not using isolation for residents at risk of sexual victimization in the past 12 months.

Conclusion, Policy Suggestions, and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. Corrective action is complete.

115.342 (a)

The agency/facility must use information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The agency provided policy and procedure and a detailed explanation of the Custody and Housing Assessment, in the form of the Custody and Housing Assessment Functional Description. The Custody and Housing Assessment is auto populated by the PREA checklist, mental health screening, medical screening and other risk screens and assessment tools. Risk factors determine whether a resident is placed in general population; housing vulnerability level of low, medium, or high; room assignment; and any special alerts. The alerts are considered throughout a resident's day during education and programming

(April 21, 2022).

115.342 (b) and (i)

The PREA Coordinator provided a statement that DJJ does not use isolation (June 6, 2022).

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) - Section VIII. A-H, Pages 18-20 - Resident Reporting - Georgia DJJ Policy 8.5, Special Incident Reporting - Section III. A-F, Pages 3-7 - Documenting Verbal Reports - Georgia DJJ Policy 15.2, Grievance Process - Section III. C. 1-6, Pages 3-4 - Filing a Formal Grievance - Georgia DJJ Policy 15.3, Youth Access to Courts and Counsel - Georgia DJJ Policy 15.5, Youth Visitation - Georgia DJJ Policy 15.6, Access to Mail - Georgia DJJ Policy 15.7, Access to Telephone - Georgia DJJ Policy 15.9, Ombudsman - Georgia DJJ Policy 17.1, Admission and Release - Posters with Telephone Numbers and/or Mailing and Email Addresses - Sexual Abuse and Harassment are Never Okay - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse - No Means No, Report Sexual Abuse - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities 800-656-4673 The National Sexual Assault Hotline 404-508-500 DJJ Office of Victim Services 3408 Covington Highway, 1st Floor Decatur, Georgia 30032 855-396-2978 DJJ Office of the Ombudsman 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 855-396-2978 DJJ Office of Investigations 3408 Covington Highway, 4th Floor Decatur, Georgia 30032 855-422-4453 The Georgia Department of Family and Children Services Hotline 678-904-2880 Georgia Center for Child Advocacy 404-346-2300 United States Immigration and Customs Enforcement - www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form - Consular and Trade Offices Contact Information - Notification of Foreign National in Detention Form - Eastman YDC Pre-Audit Questionnaire responses Interviews: - PREA Compliance Manager - Random Sample of Staff - Random Sample of Residents - Residents who Reported a Sexual Abuse – N/A Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.351 (a) PAQ: The facility asserts the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: 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. Georgia DJJ Policy 23.1 (Page 18) DJJ provides residents with numerous, internal and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment.

Staff interviewed reported residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

Site Review Observations: Residents stated they were unable to call the hotline or the Ombudsman. The auditor tested the telephones and corroborated the residents' statements about being unable to make hotline calls or calls to the Ombudsman.

115.351 (b)

PAQ: The facility asserts 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. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Calls to the National Sexual Abuse Hotline are routed through Georgia's sexual assault coalition of rape crisis centers, the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. If a resident calls the National Sexual Abuse Hotline, the call is routed to the local rape crisis center. If their call is unanswered, the calling system allows a resident's call to be transferred to the next nearest rape crisis center until the call is answered, eventually contacting all 27 statewide centers if needed. It provides an exceptional service for a resident reporting sexual abuse. The advanced calling system ensures a resident's call will be answered.

Georgia DJJ Policy 23.1 (Page 20) The facility shall give youth mailing addresses and telephone numbers (including toll-free hotline numbers) for agencies providing immigrant services for youth detained solely for civil immigration purposes and enable reasonable communication between youth and the organizations in as confidential a manner as possible. As a part of civil immigration resources, the facility will maintain a copy of the United States Department of State Consular Notification and Access book. The book may be ordered or downloaded from www.travel.state.gov/consulamotification.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager reported the National Sexual Abuse Hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request.

Residents interviewed stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Most residents could identify someone that does not work at the facility they could report to.

Site Review Observations: The auditor observed various English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services and legal representation.

Residents stated they were unable to call the hotline or the Ombudsman. The auditor tested the telephones and corroborated the residents' statements about being unable to make hotline calls or calls to the Ombudsman.

115.351 (c)

PAQ: The facility asserts 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. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports:

Georgia law and DJJ policy requires all staff are mandatory reporters. All verbal reports are documented by using the Special Incident Reporting (SIR) form as the official written reporting process for any type of sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports.

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment, they can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document as soon as possible and within the shift.

Residents interviewed reported they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.351 (d)

PAQ: The facility asserts it 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.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager reported residents use a help

request, a grievance, or write to the Ombudsman 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. The auditor observed grievance forms are available next to locked grievance boxes. The grievance boxes are checked daily.

115.351 (e)

PAQ: The facility asserts the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Staff privately report sexual abuse and sexual harassment of residents by calling the National Sexual Abuse Hotline or using the DJJ Online Intelligence Tip Form. The DJJ Online Intelligence Tip Form is available on the agency's website. Contact information for the Intelligence Tip Form is included on PREA posters in the facility. The Intelligence Tip Form provides a method for the staff, the public, parents, or friends to report sexual abuse in the facility. They can do so as third parties and provide anonymity if the resident requests to remain anonymous.

Staff interviewed identified the National Sexual Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents. Other answers included reporting to their supervisor, writing a grievance or using the DJJ Online Intelligence Tip Form.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding resident reporting. Corrective action has been completed.

15.351 (a) and (b)

The auditor observed the telephone system did not allow the residents to call the hotline or the ombudsman. The auditor reported the issue to the facility January 26, 2022. The facility restored the services.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VIII., I-M. Exhaustion of Administrative Remedies 2. Georgia DJJ Policy 15.2: Grievance Process a. Section I.-IV. Grievance Process 3. Grievance Form 4. Resident Handbook 5. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Residents who Reported a Sexual Abuse - none Site Review Observations: Observations during on-site review of physical plant Findings: 115.352 (a) PAQ: The facility asserts the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Georgia DJJ Policy 23.1 (Page 20) The facility will use DJJ 15.2, Grievance Process, as an administrative procedure to address youth grievances regarding sexual abuse and sexual harassment. 115.352 (b) PAQ: The facility asserts 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. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Georgia DJJ Policy 23.1 (Page 20) The facility will not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse/sexual harassment. The auditor reviewed the Resident Handbook and verified relevant information is provided. 115.352 (c) PAQ: The facility asserts the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Georgia DJJ Policy 23.1 (Page 20) Youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint. 115.352 (d) PAQ: The facility asserts the agency has 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. In the past 12 months: 1. The number of grievances that were filed that alleged sexual abuse: Zero (0) 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: N/A Georgia DJJ Policy 23.1 (Page 20) Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of retrieval, and assigned for investigation. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 45 days. Extensions may be approved by the DJJ Commissioner or designee. The Facility Director and/or Office of Victim Services will notify the resident in writing of any such extensions and provide a date by which a decision will be made. There were 193 total grievances. Zero grievances were made alleging sexual abuse or sexual harassment.

115.352 (e)

PAQ: The facility asserts agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

Policy is silent on this standard provision.

115.352 (f)

PAQ: The facility asserts 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. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Policy is silent on this standard provision.

115.352 (g)

PAQ: The facility asserts the agency has a written 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. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Georgia DJJ Policy 23.1 (Page 21) The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith.

No residents filed grievances alleging sexual abuse. Therefore, there was no documentation of any such disciplinary actions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VIII. N-P. Resident Access to Outside Support Services and Legal Representation b. Attachment F. Consent to Disclose Protected Confidential PREA Related Information 2. Georgia DJJ Policy 15.3: Youth Access to Courts and Criminal Counsel 3. Georgia DJJ Policy 15.5: Youth Visitation 4. Georgia DJJ Policy 15.6: Access to Mail 5. Georgia DJJ Policy 15.7: Access to Telephone 6. Georgia DJJ Policy 15.11: Requests for Services 7. Consent to Disclose Protected Confidential PREA Related Information 8. Eastman YDC Pre-Audit Questionnaire responses Document (Corrective Action): 1. The facility posted contact information for Stepping Stone Child Advocacy and Sexual Assault Center. Phone: (478)-595-8339 Mailing Address: 382 Woodland Trails Dublin, GA 31021 The poster indicates services are free, correspondence is confidential, and relevant mandatory reporting laws. 2. Draft MOU with Children's Advocacy Centers of Georgia (May 31, 2022) 3. Email Correspondence with Children's Advocacy Centers of Georgia (May 31, 2022) Interviews: 1. PREA Compliance Manager 2. Facility Director 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse – none present Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.353 (a) PAQ: The facility asserts it provides residents access to outside victim advocates for emotional support services related to sexual abuse by: 1. Giving residents (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. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. Georgia DJJ Policy 23.1 (Page 21) The facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, and for youth detained solely for civil immigration purposes, immigrant services agencies. The staff will inform youth during Orientation the extent to which such communications will be monitored. The facility shall enable reasonable communication between the youth and these organizations in as confidential a manner as possible. Interviews revealed the residents were not knowledgeable of services available outside of the facility for dealing with sexual abuse, if they ever need it. During the site review the auditor observed posters were not inclusive of information about access to outside victim advocates for emotional support services related to sexual abuse. Also, this information was not included in handbooks or other educational materials. As part of corrective action, the facility posted information for the Stepping Stone Child Advocacy and Sexual Assault Center. The poster includes a mailing address and telephone number. The auditor contacted the Children's Advocacy Centers of Georgia CEO and confirmed services would be available to all DJJ facilities.

115.353 (b)

PAQ: The facility asserts it informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail and telephone. The facility informs residents about the extent to which communication with outside support groups can be monitored and informs the residents about mandatory reporting rules governing privacy and confidentiality.

Georgia DJJ Policy 23.1 (Page 21) The staff will inform youth during Orientation the extent to which such communications will be monitored. The facility shall enable reasonable communication between the youth and these organizations in as confidential a manner as possible.

The staff will inform youth during intake and prior to giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law (Attachment F, Consent to Disclose Protected & Confidential PREA Related Information).

The facility will provide youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in DJJ 15.3, Youth Access to Courts and Counsel; DJJ 15.5, Youth Visitation; DJJ 15.6, Access to Mail; and DJJ 15.7, Access to Telephone.

Interviews with residents revealed they were not knowledgeable about the extent to which communications with outside support services will be monitored or mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates.

The auditor did not observe residents were informed, during intake, about mandatory reporting rules or confidentiality with regards to outside support services.

As part of corrective action, the facility posted information for the Stepping Stone Child Advocacy and Sexual Assault Center. The poster includes a mailing address and telephone number.

115.353 (c)

PAQ: The facility asserts the agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Georgia DJJ Policy 23.1 (Page 21) Each facility is required to establish MOU with the nearest Rape Crisis Center to offer youth required services. If the facility MOU with the Rape Crisis Center or a Crisis intervention/Counseling and Advocacy Support Services cannot provide the required services needed by the resident, the facility will arrange to transfer the resident to the nearest facility that has a MOU that can provide the required services.

This standard provision requirement was addressed through corrective action. The agency provided documented evidence in the form of email correspondence and a draft MOU with Children's Advocacy Centers of Georgia, to provide residents with emotional support services related to sexual abuse, with the 52 children's advocacy centers in Georgia (May 31, 2022).

The auditor contacted the Children's Advocacy Centers of Georgia CEO and confirmed services would be available to all DJJ facilities and the MOUs were in development.

115.353 (d)

PAQ: The facility asserts it provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Georgia DJJ Policy 23.1 (Page 21) Policy states the facility will provide youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians as instructed in DJJ 15.3, Youth Access to Courts and Counsel; DJJ 15.5, Youth Visitation; DJJ 15.6, Access to Mail; and DJJ 15.7, Access to Telephone.

The auditor interviewed the Facility Director. The Facility Director reported the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported Residents the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to

parents or legal guardians.

Residents interviewed confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

115.353 (a) The facility provided residents with a telephone number and mailing address for Stepping Stone Child Advocacy and Sexual Assault Center. The contact information was posted in the living units and other areas of the facility. The poster was uploaded to the OAS.

The auditor suggests including the poster with intake materials to increase awareness of the services available.

115.353 (b) The posted information for Stepping Stone Child Advocacy and Sexual Assault Center includes information regarding: the services are free, correspondence is confidential, and mandatory reporting laws.

115.353 (c) The agency provided documented evidence in the form of email correspondence and a draft MOU with Children's Advocacy Centers of Georgia, to provide residents with emotional support services related to sexual abuse, with the 52 children's advocacy centers in Georgia (May 31, 2022).

115.354	Third-party reporting
	Auditor Overall Determination: Exceeds Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section VIII. Q&R. The Agency provides for third-party reporting. 2. Posters with Information for the Online Intelligence Tip Form and Contact Information a. Sexual Abuse and Harassment are Never Okay b. Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse c. No Means No, Report Sexual Abuse 3. Eastman YDC Pre-Audit Questionnaire responses Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.354 (a) PAQ: The facility asserts the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Third-party reporting of sexual abuse and sexual harassment is accessible through the online Intelligence Tip Form, http://www.djj.state.ga.us/Employees/DjjDrupalTipsFormWeb.aspx, located on the DJJ website, www.djj.state.ga.us. Additionally, third-party reports can be submitted to DJJ Office of the Ombudsman through the following methods: 1. Email at djjombudsman@djj.ga.us 2. Telephone at 1-855-396-2978 3. Mail at 3408 Covington Highway, 1st Floor, Decatur, Georgia 30032. 4. On-Line Referral Form at www.djjnewsandviews.org/djjombudsman Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency exceeds this standard regarding third-party reporting. The agency provides numerous methods for third-party reports of sexual abuse or sexual harassment. Two online reporting systems and reporting by mail, email, or telephone provides the residents, staff, and the public with many reporting options. Third-party reporting information is provided on the agency website and PREA posters located throughout the facility. No corrective action is required.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section IX, A-C. Official Response Following a Youth Report: Staff and Agency Protection Duties 2. Georgia DJJ Policy 8.5: Special Incident Reporting 3. Georgia DJJ Policy 8.9: Child Abuse Reporting 4. Serious Incident Report (SIR) Form 5. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. PREA Compliance Manager 2. Facility Director 3. Random Sample of Staff 4. Medical and Mental Health Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.361 (a) PAQ: The facility asserts the agency requires all staff to report immediately and according to agency policy: 1. 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. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Georgia DJJ Policy 23.1 (Page 22) 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. Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their immediate supervisor. 115.361 (b) PAQ: The facility asserts the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. All staff are required to follow the Georgia Mandated Reporter Law - O.C.G.A. §19-7-5 (2016). Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse. 115.361 (c) PAQ: The facility asserts the apart from reporting to designated supervisors or officials and designated State or local service agencies, 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. Georgia DJJ Policy 23.1 (Page 22) 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. Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their supervisor. 115.361 (d)

Georgia DJJ Policy 23.1 (Page 22) Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors.

Medical and mental health staff interviewed stated they disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They confirmed they are required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. Medical and mental health staff reported they have become aware of such incidents and reported them.

115.361 (e)

Georgia DJJ Policy 23.1 (Page 22) 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 of record within 14 days of receiving the allegation.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager stated the Director or designee will promptly report the allegation to the DJJ Office of Internal Investigations PREA Unit and to the parents/legal guardian unless the facility has official documentation showing the parents/legal guardian should not be notified. Medical/Mental Health Staff will report the allegations of abuse/harassment to the designated supervisor (Director or Assistant Director). 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. Notifications would be made within one business day.

The auditor interviewed the Facility Director. The Facility Director stated the Director or designee will promptly report the allegation to the DJJ Office of Internal Investigations PREA Unit and to the parents/legal guardian 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 or Assistant Director). In addition, a report is made to the Department of Children and Family Services.

115.361 (f)

Georgia DJJ Policy 23.1 (Page 18) All Facilities/Programs/Offices shall use DJJ 8.5: Special Incident Reporting, as the official written reporting process for any type of sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports.

Georgia DJJ Policy 23.1 (Page 25) All allegations of sexual abuse on DJJ property, in DJJ custody, or in a residential program contracted by DJJ, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations.

The auditor interviewed the Facility Director. The Facility Director stated all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section IX. D-E. Official Response Following a Youth Report: Agency Protection Duties 2. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Agency Head Designee (PREA Coordinator) 2. Facility Director 3. Random Sample of Staff Site Review Observations: Observations during on-site review of physical plant Findings: PAQ: The facility asserts when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months: 1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0 Georgia DJJ Policy 23.1 (Page 22) Each facility/program/office will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. Staff are 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. 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. The auditor interviewed the PREA Coordinator. The PREA Coordinator stated that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. The PREA compliance manager monitors 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 auditor interviewed the Facility Director. The Facility Director stated when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions. If the resident has been identified as having a risk of being a perpetrator or victim, that resident is identified as having to shower alone. Due to the residents are never left unsupervised during daily activities, they are allowed to participate in regular programming, but they are closely monitored to prevent victimization and/or bullying. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA)
 - a. Section IX. F. Official Response Following a Youth Report: Reporting to Other Confinement Facilities
2. Eastman YDC Pre-Audit Questionnaire responses

Interviews:

1. Agency Head Designee (PREA Coordinator)
2. Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.363 (a)

PAQ: The facility asserts the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Georgia DJJ Policy 23.1 (Page 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.

115.363 (b)

PAQ: The facility asserts agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Georgia DJJ Policy 23.1 (Page 23) The notification will be made as soon as possible, but no later than 72 hours.

115.363 (c)

PAQ: The facility asserts the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Georgia DJJ Policy 23.1 (Page 23) The facility will document that it has provided the required notification.

115.363 (d)

PAQ: The facility asserts agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Georgia DJJ Policy 23.1 (Page 23) The Director of the facility that received the allegation also notify the Office of Investigation.

The auditor interviewed the PREA Coordinator. The PREA Coordinator stated the DJJ Office of Investigations would investigate an allegation if another facility within DJJ refers allegations of sexual abuse or sexual harassment that occurred in a Georgia DJJ facility.

The auditor interviewed the Facility Director. The Facility Director stated that all allegations reported to have occurred at another facility will be referred to the DJJ Office of Investigations. The director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of this occurring.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment M a. Section IX. G-I. Official Response Following a Youth Report: First Responder Duties b. Attachment M. Sexual Abuse Coordinated Team Response 2. Georgia DJJ Policy 23.2: Sexual Assault 3. Facility Coordinated Response to a Sexual Assault Incident 4. Staff First Responder Cards 5. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. Policy Updated (May 6, 2022) Interviews: 1. Security Staff and Non-security Staff First Responders 2. Random Sample of Staff Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.364 (a) PAQ: The facility asserts the agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. In the past 12 months, the number of allegations that a resident was sexually abused: 0 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0 In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0 Georgia DJJ Policy 23.1 (Page 23) The staff member receiving sexual abuse information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation, in accordance with DJJ 23.2: Sexual Assault. The first direct care staff member to respond to the allegation will: (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; and (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. Interviews with Security Staff and Non-Security Staff revealed staff are knowledgeable of their first responder duties. Some staff required some prompting by the auditor. Policy was not fully inclusive of the standard provision requirements. Corrective action was required. Policy was updated and provided to the auditor for review (May 6, 2022). 115.364 (b)

PAQ: The facility asserts the agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Georgia DJJ Policy 23.1 (Page 23) 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.

115.364 (a) Policy was not fully inclusive of the standard provision requirements. Corrective action was required. Policy was updated and provided to the auditor for review (May 6, 2022).

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment M a. Section IX. J-N. Official Response Following a Youth Report: Coordinated Response b. Attachment M. Sexual Abuse Coordinated Team Response 2. Georgia DJJ Policy 23.2: Sexual Assault 3. Eastman YDC Sexual Abuse Coordinated Team Response 4. Eastman YDC Pre-Audit Questionnaire responses Interview: Facility Director Site Review Observation: Observations during on-site review of physical plant Findings: PAQ: The facility asserts it 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. Georgia DJJ Policy 23.1 (Page 24) The facility will use the Sexual Abuse Coordinated Team Response (Attachment M) to respond to all sexual incidents. The auditor interviewed the Facility Director. The Facility Director stated the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The auditor reviewed the Sexual Abuse Coordinated Team Response. The plan documents how the facility coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23: Prison Rape Elimination Act (PREA) a. Section IX. O. Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers 2. Eastman YDC Pre-Audit Questionnaire responses Interview: Agency Head Designee (PREA Coordinator) Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.366 (a) PAQ: The facility asserts the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Georgia DJJ Policy 23.1 (Page 24) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. Note: DJJ is not involved in "collective bargaining" with union employees. The auditor interviewed the PREA Coordinator. The PREA Coordinator stated DJJ has not entered into or renewed any collective bargaining agreements. 115.366 (b) DJJ has not entered into or renewed any collective bargaining agreements. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment L - Section IX. P. Official Response Following a Youth Report: Agency Protection Against Retaliation - Attachment L. PREA Retaliation Monitoring Sheet - Eastman YDC Pre-Audit Questionnaire responses Interviews: - Agency Head Designee (PREA Coordinator) - Facility Director - Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager) - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none - Residents who Reported a Sexual Abuse – none Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.367 (a) PAQ: The facility asserts the agency has 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. The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The name(s) of the staff member(s): Pamela Woodward The title(s) of the staff member(s): PREA Compliance Manager Georgia DJJ Policy 23.1 (Page 25) Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. Georgia DJJ Policy 23.1 (Page 22) 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. 115.367 (b) Georgia DJJ Policy 23.1 (Page 22) 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. The auditor interviewed the PREA Coordinator. The PREA Coordinator stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. She stated housing unit changes, facility transfers, removal of alleged abusers, and offering youth follow up with mental health or outside counseling services as some examples of measures to protect residents or staff who report retaliation. The auditor interviewed the Facility Director. The Facility Director stated the facility would separate the individuals by placing the youth on different housing units. A request will be made to have the youth transferred. Staff will be separated from all youth. They would go through the disciplinary process following an investigation. The youth will be referred to mental health and/or services listed on the Emotional Support Poster. The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation. The staff stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is conducting PREA rounds are conducted twice a month between the hours of 12:30am and 4:30am. Random CCTV sweeps are on various days and hours of the month to monitor the youth and staff interactions. She stated the different measures she would take to protect residents and staff from retaliation. Youth are protected by making housing changes or transfers to another facility. Youth are provided emotional support through mental health and other support resources, such as the Georgia Center for Child Advocacy, Ombudsman Office, or Office of Victim Services. She confirmed she would initiate contact with residents who have reported sexual abuse. 115.367 (c) PAQ: The facility asserts the agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may

suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation.

The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

The Retaliation Monitoring Sheet states that for at least 90 days following a report of sexual abuse, the facility will monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest retaliation by residents or staff, and shall act promptly to remedy any such retaliation.

The auditor interviewed the Facility Director. The Facility Director stated the facility would separate the individuals by placing the youth on different housing units. A request will be made to have the youth transferred. Staff will be separated from all youth. They would go through the disciplinary process following an investigation.

The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation. The staff stated the things she looks for to detect possible retaliation includes behavior changes of residents. She monitors the youth's day to day movements, excessive disciplinary reports, timeframe that the meals/snacks are provided, restriction of PBIS events, the length of time that the youth is allowed to shower, and the ability to freely use the Amtel phone. She stated she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until monitoring determines there is no further need.

115.367 (d)

Status checks occur weekly and are documented with the Retaliation Monitoring Sheet form.

The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation. The staff stated the things she looks for to detect possible retaliation includes behavior changes of residents. She monitors She monitors the youth's day to day movements, excessive disciplinary reports, timeframe that the meals/snacks are provided, restriction of PBIS events, the length of time that the youth is allowed to shower, and the ability to freely use the Amtel phone.

The auditor reviewed retaliation monitoring sheets for a sexual harassment allegation. The monitoring occurred weekly.

115.367 (e)

Georgia DJJ Policy 23.1 (Page 25) Directors, Facility PREA Compliance Managers, and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation.

The auditor interviewed the PREA Coordinator. The PREA Coordinator stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including communicating with youth and staff changes. These measures include monitoring the situation and removing any parties that are involved in inciting fear among staff or youth. If the facility staff are not able to conduct the monitoring the agency PREA Coordinator or the Director of the Office of Victim Services will conduct the monitoring. If retaliation is occurring, it will be investigated.

The auditor interviewed the Facility Director. The Facility Director stated the different measures they would take to protect residents and staff from retaliation. They would separate individuals by placing the youth on different housing units. A request will be made to have the youth transferred. Staff will be separated from all youth. They would go through the disciplinary process following the investigation. The youth will be referred to mental health and/or services listed on the Emotional Support Poster. The Facility Director stated measures he would take when he suspects retaliation. The staff would be separated from the youth and an SIR is completed. Employee Relations is notified.

115.367 (f)

DJJ's responsibility to monitor retaliation will terminate if the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No Corrective action is required.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section IX. Q. Post-Allegation Protective Custody 2. Georgia DJJ Policy 8.5: Special Incidents Reporting 3. Georgia DJJ Policy 8.7: Protective Custody 4. Georgia DJJ Policy 8.8: Use of Isolation 5. Georgia DJJ Policy 23.2: Sexual Assault 6. Eastman YDC Pre-Audit Questionnaire responses Interview: Facility Director Site Review Observations: Observations during on-site review of physical plant Findings: PAQ: The facility asserts it has a policy that residents who allege to have suffered sexual abuse may only be placed in 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. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. In the past 12 months: The number of residents who allege to have suffered sexual abuse who were placed in isolation: 0 If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Georgia DJJ Policy 23.1 (Page 25) Upon return from the emergency room, a new Custody and Housing Assessment will be completed in accordance with DJJ 17.3, Custody and Housing Assessment. The facility Director or designee, in consultation with the Designated Health Authority, will make a final decision regarding housing placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator. The auditor interviewed the Facility Director. The Facility Director stated the facility does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section X. A-E. Investigations: Criminal and Administrative Agency Investigations 2. Georgia DJJ Policy 8.5: Special Incident Reporting 3. Georgia DJJ Policy 22.1: Sworn Law Enforcement Identification Cards 4. Georgia DJJ Policy 22.3: Internal Investigations 5. NIC Certificates 6. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Facility Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff Site Review Observations: 1. Observations during on-site review of physical plant Findings (By Provision): 115.371 (a) PAQ: The facility asserts the agency/facility has a policy related to criminal and administrative agency investigations. Georgia DJJ Policy 23.1 (Page 25) All allegations of sexual abuse on DJJ property, in DJJ custody, or in a residential program contracted by DJJ, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations. All investigations must comply with DJJ 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation. The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated initiation of an investigation following an allegation of sexual abuse or sexual harassment is based on the severity of the allegation. Allegations involving penetration are prioritized and the response is immediate. However, all investigations are initiated within two to three days. The auditor reviewed one investigative report for an allegation of staff-on-resident sexual harassment. 115.371 (b) Georgia DJJ Policy 23.1 (Page 14) Policy states 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. 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. Georgia DJJ Policy 22.3 (Page 6) DJJ investigators who are conducting criminal investigations will be certified by the Georgia Peace Officers Standards and Training Council as Law Enforcement Officers. The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through online NIC training. The training topics include 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 or prosecution referral. He stated he also completed the 6 modules for the training required by standard 115.331. He also stated he receives training from the Georgia Public Safety Training Center. The auditor reviewed the NIC certificates for specialized training topics. The auditor has requested the training required by standard 115.331 for standard 115.334. 115.371 (c)

Georgia DJJ Policy 23.1 (Page 25) Policy states all investigations must comply with DJJ 22.3: Internal Investigations, and DJJ 8.42: Crime Scene Preservation.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated the first steps in initiating an investigation is getting documentation and screening the allegation into a category. The investigation processes includes an allegation being assigned to an investigator. Then the process continues with interviews, evidence collection, etc. Direct and circumstantial evidence investigators would be responsible for gathering in an investigation of an incident of sexual abuse include collection of evidence and reviewing and collecting video footage.

The auditor reviewed one investigative report for an allegation of staff-on-resident sexual harassment.

115.371 (d)

PAQ: The facility asserts the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Georgia DJJ Policy 23.1 (Page 25) If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated the agency could conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.371 (f)

Georgia DJJ Policy 23.1 (Page 26) The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. It would be a violation of DJJ policy.

115.371 (g)

Georgia DJJ Policy 23.1 (Page 26) The investigator will produce a final investigative report within the established timeframes for the completion of the investigation, unless time is extended in writing by the Commissioner or designee. The final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include reviewing at unannounced rounds as part of determining if staff are following policy. He confirmed he documents administrative investigations in written reports. The reports of Investigation (ROI) include incident reports, interviews, and all available evidence. All investigations are documented.

The auditor reviewed one investigative report for an allegation of staff-on-resident sexual harassment.

115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated criminal investigations are documented. He stated everything is included in the report including assignment of the investigation, site visit, video footage, relevant documents, photographs, etc.

115.371 (i)

PAQ: The facility asserts substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated cases are referred for

prosecution only when there are substantiated allegations of conduct that appears to be criminal. Allegations are referred after evidence is collected, interviews are completed, and all leads are exhausted.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Georgia DJJ Policy 23.1 (Page 26) DJJ will retain all written investigations and Special Incident Reports (SIRs) as long as the alleged abuser is incarcerated or employed plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The auditor reviewed one investigative report for an allegation of staff-on-resident sexual harassment.

115.371 (k)

Georgia DJJ Policy 23.1 (Page 25) If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations.

The auditor interviewed the PREA Unit Field Supervisor. The PREA Unit Field Supervisor stated an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m) N/A

DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section X. F. Investigations: Evidentiary Standards for Administrative Investigations 2. Requirements of a PREA Case 3. Eastman YDC Pre-Audit Questionnaire responses Interview: Investigative Staff Site Review Observations: Observations during on-site review of physical plant Findings: PAQ: The facility asserts the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Georgia DJJ Policy 23.1 (Page 26) The Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. The interview with the PREA Unit Field Supervisor confirmed this policy. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment I a. Section X. H. Investigations: Reporting to Residents b. Attachment I. Resident Notification of Investigative Outcome 2. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Facility Director 2. Investigative Staff 3. Residents who Reported a Sexual Abuse – none Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.373 (a) PAQ: The facility asserts the agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 1 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 Georgia DJJ Policy 23.1 (Page 26) The Office of Victim Services will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor interviewed the Facility Director. The Facility Director stated the Office of Victim Services notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor interviewed the PREA Unit Field Supervisor, The PREA Unit Field Supervisor stated he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. 115.373 (b) PAQ: The facility asserts if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. In the past 12 months: 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A The DJJ Office of investigations conducts administrative and criminal sexual abuse investigations. 115.373 (c) PAQ: The facility asserts 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/facility 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. There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

The Resident Notification of Investigative Outcome form informs the resident whenever:

1. The staff member is no longer posted within the resident's unit (during the investigation, the staff member shall not be in any area with the resident without being directly supervised);
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.

The auditor observed the Resident Notification of Investigative Outcome is inclusive of the standard provision requirements.

115.373 (d)

PAQ: The facility asserts following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

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.

The Resident Notification of Investigative Outcome form informs the resident 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.

The auditor observed the Resident Notification of Investigative Outcome is inclusive of the standard provision requirements.

115.373 (e)

PAQ: The facility asserts the agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 0
2. The number of those notifications that were documented: 0

Georgia DJJ Policy 23.1 (Page 26) The Office of Victim Services will use Attachment I, Resident Notification of Investigative Outcome, to document its reporting to a youth.

The auditor reviewed the Resident Notification of Investigative Outcome Form. There were no allegations of sexual abuse that required notification.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XI. A-D. Discipline: Disciplinary Sanctions for Staff 2. Georgia DJJ Policy 3.80: Employee Progressive Discipline 3. Eastman YDC Pre-Audit Questionnaire responses Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.376 (a) PAQ: The facility asserts staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Georgia DJJ Policy 23.1 (Page 27) Staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency's sexual abuse or sexual harassment policies. 115.376 (b) PAQ: The facility asserts in the past 12 months: 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Georgia DJJ Policy 23.1 (Page 27) Termination will be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. 115.376 (c) PAQ: The facility asserts disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0 Georgia DJJ Policy 23.1 (Page 27) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 115.376 (d) PAQ: The facility asserts 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 law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Georgia DJJ Policy 23.1 (Page 27) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not criminal. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XI. E&F. Discipline: Corrective Action for Contractors and Volunteers 2. Georgia DJJ Policy 14.3: Citizen and Volunteer Involvement a. Section III. H. Termination of Volunteer Services 3. Eastman YDC Pre-Audit Questionnaire responses Interview: 1. Facility Director Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.377 (a) PAQ: The facility asserts agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Georgia DJJ Policy 23.1 (Page 27) 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. 115.377 (b) PAQ: The facility asserts it takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Georgia DJJ Policy 23.1 (Page 27) In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures and shall consider whether to prohibit further contact with youth. The auditor interviewed the Facility Director. The Facility Director stated that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents pending investigation. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) - Section I. Zero-tolerance policy - Section XI. G-I. Discipline: Interventions and Disciplinary Sanctions for Residents - Georgia DJJ Policy 16.5: Disciplinary Reports and Hearings and Attachment B - Attachment B. Behavioral Infractions Grid - Resident Disciplinary Report Form - Eastman YDC Pre-Audit Questionnaire responses Interviews: - Facility Director - Medical and Mental Health Staff Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.378 (a) PAQ: The facility asserts residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 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. In the past 12 months: - The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 - The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 Georgia DJJ Policy 23.1 (Pages 27-28) 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. 115.378 (b) PAQ: The facility asserts in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months: - The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 - The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A - The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A The facility does not use isolation as a disciplinary sanction. The Facility director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include more therapeutic interventions than disciplinary sanctions. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction. 115.378 (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior

when determining what type of sanction, if any, should be imposed.

The auditor interviewed the Facility Director. The Facility Director stated mental disability or mental illness is considered when determining sanctions.

Policy is silent on this standard provision.

115.378 (d)

PAQ: The facility asserts it offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

The auditor interviewed the Social Services Coordinator. The Social Services Coordinator stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.

115.378 (e)

PAQ: The facility asserts the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Georgia DJJ Policy 23.1 (Page 28) The agency will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)

PAQ: The facility asserts the agency prohibits disciplinary action for a report of 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.

Georgia DJJ Policy 23.1 (Page 28) 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.

115.378 (g)

PAQ: The facility asserts the agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Georgia DJJ Policy 23.1 (Page 1) The Georgia Department of Juvenile Justice strictly prohibits any form of sexual activities involving youth with other youth.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for residents. No corrective action is required.

Policy Suggestion

The auditor suggests policy is updated to be fully inclusive of all standard provisions.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XII. A-C. Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse b. Attachment F. Consent to Disclose Protected & Confidential PREA Related Information 2. Georgia DJJ Policy 11.1: Medical Intake Screening 3. Georgia DJJ Policy 11.2: Nurse Health Assessment and Physical Examination 4. Georgia DJJ Policy 12.10: Mental Health Screening 5. Georgia DJJ Policy 22.3: Internal Investigations a. Section III. O. Pages 6-7 6. SIR Codes Guide - B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening) 7. Consent to Disclose Protected and Confidential PREA Related Information 8. Georgia DJJ Office of Victim Services Card 9. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Staff Responsible for Risk Screening 2. Residents who Disclosed Sexual Victimization at Risk Screening Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.381 (a) PAQ: The facility asserts all residents at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100% Georgia DJJ Policy 23.1 (Page 28) If an intake screening pursuant to 115.341 indicates that a residents has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow up meeting/session with a mental health or medical practitioner within 14 days of the intake screening. The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. The meeting would occur within fourteen (14) days. The auditor interviewed two residents who disclosed prior sexual victimization during a screening. Both residents stated they were offered follow-up meetings. The auditor reviewed mental health follow-up notes for verification that youth are offered the opportunity to speak with a medical or mental health practitioner per the requirements of the standard. 115.381 (b) PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100% Policy is silent on the standard provision requirement. The auditor interviewed the Staff Responsible for Risk Screening. They stated if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered with a psychologist. The meeting would occur within 14 days. 115.381 (c) PAQ: The facility asserts information related to sexual victimization or abusiveness that occurred in an institutional setting is

strictly limited to medical and mental health practitioners.

Georgia DJJ Policy 23.1 (Page 28) The information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Georgia DJJ policy and all other federal, state, and local laws.

115.381 (d)

PAQ: The facility asserts 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.

Georgia DJJ Policy 23.1 (Page 11) For youth over the age of 18, staff shall obtain informed consent from the youth prior to reporting the abuse to the Office of Investigations, on-site/off-site medical staff, and others providing care and treatment who have a need to know. (Attachment F, Consent to Disclose Protected & Confidential PREA Related Information).

Medical and mental health staff interviewed stated informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

The auditor suggests policy is updated to be fully inclusive of all standard provisions.

115.381 (b)-1

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.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XII. D. Medical and Mental Care: Access to Emergency Medical and Mental Health Services 2. Georgia DJJ Policy 23.2: Sexual Assault 3. Georgia DJJ Policy 2.10: Payment of Youth Medical Expenses 4. Sexual Abuse Coordinated Team Response 5. Facility Coordinated Response to a Sexual Assault Incident 6. Eastman YDC Pre-Audit Questionnaire responses Documents (Corrective Action): 1. Agreements for Victim Advocacy and Outside Support Services – pending Interviews: 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse – none 3. Security Staff and Non-Security Staff First Responders Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.382 (a) PAQ: The facility asserts resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Georgia DJJ Policy 23.1 (Page 11) Victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. Georgia DJJ Policy 23.1 (Pages 24-25) Medical and mental health staff will maintain secondary materials (e.g., form, log, victim services card) documenting the timeliness of emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. When medical services staff examine a youth for sexual abuse, youth will be given the youth victim service information/card prepared by the Office of Victim Services. The medical and mental health staff interviewed stated the nature and scope of these services would be determined according to their professional judgment and policy and procedure. 115.382 (b) Georgia DJJ Policy 23.1 (Page 11) Any youth reported or believed to have been sexually assaulted shall be immediately referred to the on-site health care staff for an appropriate evaluation to determine the need for emergency care. The youth shall be sent to a local hospital for further examination, treatment, and collection of forensic evidence if the incident occurred within the time limits determined by medical services staff, but no later than 72 hours. When on-site health care staff is unavailable, the youth shall be transported to the local hospital for treatment as required by DJJ 23.2, Sexual Assault. The first responders will take steps to protect the victim. Staff were knowledgeable of first responder duties and the need to contact medical services. 115.382 (c) PAQ: The facility asserts resident victims of sexual abuse while incarcerated are 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.

Georgia DJJ Policy 23.1 (Page 28) The facility director will ensure that victims of sexual abuse while confined shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. If there is an allegation of a sexual assault within a 72 hour time frame, youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame. The agency has a contract with Global Diagnostics to provide SANE nurses that can come to the facility upon request by the Office of Health Services. Global Diagnostics can do the assessments on site.

The auditor had determined SANEs are no longer available to DJJ through Global Diagnostics.

The medical and mental health staff interviewed stated resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

115.382 (d)

PAQ: The facility asserts 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.

Georgia DJJ Policy 23.1 (Page 11) Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with DJJ 2.10: Payment of Youth Medical Expenses.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.382 (c)

Policy states the agency has a contract with Global Diagnostics to provide SANE nurses that can come to the facility upon request by the Office of Health Services. Global Diagnostics can do the assessments on site.

Policy should be updated to remove non-applicable references to Global Diagnostics.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XII. E-G: Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers 2. Georgia DJJ Policy 22.3: Sexual Assault 3. Facility Medical and Mental Health Staff Qualifications 4. Memorandum: The Emergency Medical Treatment and Labor Act (EMTALA) 5. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse – none Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.383 (a) PAQ: The facility offers 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. Georgia DJJ Policy 23.1 (Page 29) The facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). The auditor observed the facility has mental health and medical staff onsite. 115.383 (b) The evaluation and treatment of victims shall 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. Georgia DJJ Policy 23.1 (Page 12) Upon release from a secure facility, the Community Case Manager will provide the youth with follow-up referrals for services in the community. The facility Director will provide youth access, upon request from youth request or recommendation from SANE, SAFE, or medical services staff, to external medical and mental health victim services for sexual abuse incidents. The auditor interviewed the Social Services Coordinator, Lead Nurse, and RN. The Social Services Coordinator stated residents who have been victimized would be provided follow-up services. The Lead Nurse and RN stated the facility would provide follow-up services. No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period. 115.383 (c) The facility asserts it provides victims with medical and mental health services consistent with the community level of care. Georgia DJJ Policy 23.1 (Page 12) The facility Director will ensure that all youth victims of sexual assault will receive the same level of care as if they were in a community setting. All victims will be immediately referred for outside medical testing and evaluation. The auditor interviewed the medical and mental health staff. The medical and mental health staff stated they consider medical and mental health services are consistent with the community level of care. 115.383 (d) N/A PAQ: The facility asserts female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Georgia DJJ Policy 23.1 (Page 29) Female victims of sexual abuse while confined in a secure facility will be offered a pregnancy test.

115.383 (e) N/A

PAQ: The facility asserts if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Georgia DJJ Policy 23.1 (Page 29) If pregnancy results from sexual abuse while confined, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the Medical Department.

115.383 (f)

PAQ: The facility asserts resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Georgia DJJ Policy 23.1 (Page 29) Victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: The facility asserts treatment services are 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.

Georgia DJJ Policy 23.1 (Page 11) Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with DJJ 2.10: Youth Medical Expenses.

115.383 (h)

PAQ: The facility asserts it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Georgia DJJ Policy 23.1 (Page 29) 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.

The auditor interviewed the Social Services Coordinator. The Social Services Coordinator stated a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachments J&M a. Section XIII. A. Sexual Abuse Incident Reviews b. Attachment J. Sexual Abuse Incident Review Team Meeting Minutes c. Attachment M. Sexual Abuse Coordinated Team Response 2. Sexual Abuse Incident Review Team Meeting Minutes Form 3. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Facility Director 2. PREA Compliance Manager 3. Incident Review Team Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.386 (a) PAQ: The facility asserts it conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0; one sexual harassment allegation Georgia DJJ Policy 23.1 (Page 29) At the conclusion of every sexual abuse investigation, unless unfounded, an incident review will be conducted. 115.386 (b) PAQ: The facility asserts it ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0; one sexual harassment allegation The Sexual Abuse Coordinated Team Response (Georgia DJJ Policy 23.1, Attachment M. Page 3) states a sexual abuse incident review will occur within 10 days of the conclusion of a case finding of substantiated or unsubstantiated for a sexual abuse investigation. The auditor reviewed the sexual abuse incident review form for verification. There were no allegations of sexual abuse reported. 115.386 (c) PAQ: The facility asserts 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. Georgia DJJ Policy 23.1 (Page 29) 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. The auditor interviewed the Facility Director. The Facility Director stated the facility has a sexual abuse incident review team. 115.386 (d) PAQ: The facility asserts it 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 head and PREA compliance manager. DJJ uses the Sexual Abuse Incident Review Team Meeting Minutes Form (Georgia DJJ Policy 23.1, Attachment J) to

document sexual abuse incident reviews. The review team considers the following: (1) whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse; (2) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) whether physical barriers in the area may enable abuse; (4) protective measures taken following a sexual abuse incident; (5) the adequacy of staffing levels in the area during different shifts; (6) whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff; (7) was the incident immediately reported to supervisors and the Facility Director; and (8) was the proper documentation completed for the incident.

The auditor interviewed the Facility Director. The Facility Director stated the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area are assessed for different shifts. The PREA Incident Review Team assesses whether monitoring should be deployed or augmented to supplement supervision by staff.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager stated when the facility conducts a sexual abuse incident review, the facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement. The PREA Compliance Manager is a member of the sexual abuse incident review team.

The auditor reviewed the sexual abuse incident review form for verification it is inclusive of the standard provision requirements.

115.386 (e)

PAQ: The facility asserts it implements the recommendations for improvement or documents its reasons for not doing so.

The Sexual Abuse Coordinated Team Response (Georgia DJJ Policy 23.1, Attachment M. Pages 3- 4) states the PREA Compliance Manager prepares a report of the findings, including any recommendations for improvement. The facility implements the recommendations for improvement or the PREA Compliance Manager document the reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) and Attachment K a. Section XIII. B. Data Collection b. Attachment K. Requirements of a PREA Case 2. Georgia DJJ 2020 Annual PREA Report 3. 2020 Survey of Sexual Victimization, State Juvenile Systems Summary Form 4. Eastman YDC Pre-Audit Questionnaire responses Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.387 (a) PAQ: The facility asserts 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 standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Georgia DJJ Policy 23.1 (Page 30) The agency will collect accurate, uniform data for every allegation of sexual abuse at facilities and community residential programs under its control using a standardized Special Incident Report (SIR), 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 auditor reviewed the Special Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification. 115.387 (b) PAQ: The facility asserts the agency aggregates the incident-based sexual abuse data at least annually. The auditor reviewed the aggregated data from 2020 and previous years. 115.387 (c) PAQ: The facility asserts the incident-based data collected includes, 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. Georgia DJJ Policy 23.1 (Page 30) The (Special Incident Report) SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice. 115.387 (d) PAQ: The facility asserts the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Georgia DJJ Policy 23.1 (Page 30) 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 (e) PAQ: The facility asserts the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Georgia DJJ Policy 23.1 (Page 30) 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 (f) PAQ: The facility asserts the agency provided the Department of Justice with data from the previous calendar year upon request. DJJ completed the Survey of Sexual Victimization Summary Form for 2020.

The auditor reviewed the 2020 Survey of Sexual Victimization Summary Form for verification.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA) a. Section XIII. B. 2&3. Data Review for Corrective Action 2. Survey of Sexual Victimization, 2020 State Juvenile Systems Summary Form 3. Georgia DJJ Annual PREA Reports (2014-2020) 4. DJJ Website: PREA Reports Department of Juvenile Justice (georgia.gov) 5. Eastman YDC Pre-Audit Questionnaire responses Interviews: 1. Agency Head Designee (PREA Coordinator) 2. PREA Coordinator 3. PREA Compliance Manager Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.388 (a) PAQ: The facility asserts 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, 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. Georgia DJJ Policy 23.1 (Page 30) The Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training. The auditor interviewed the PREA Coordinator. The PREA Coordinator stated the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager stated the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained. 115.388 (b) PAQ: The facility asserts the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed annual reports for verification. 115.388 (c) PAQ: The facility asserts the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. Georgia DJJ Policy 23.1 (Page 30) The Agency PREA Coordinator will submit an Annual Report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website. The auditor interviewed the PREA Coordinator. The PREA Coordinator stated the commissioner approves annual reports. The auditor observed the annual reports were published on the agency's website and approved by the Commissioner at PREA Reports Department of Juvenile Justice (georgia.gov). 115.388 (d) PAQ: The facility asserts when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Georgia DJJ Policy 23.1 (Page 30) Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The auditor interviewed the PREA Coordinator. The PREA Coordinator stated all identifying information is redacted from the report.

The auditor observed no personal identifiers were included in the annual reports.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Georgia DJJ Policy 23.1: Prison Rape Elimination Act (PREA)
 - a. Section XIII. B. Data Storage, Publication and Destruction
2. Survey of Sexual Victimization, 2020 State Juvenile Systems Summary Form
3. Georgia DJJ Annual PREA Reports (2014-2020)
4. Eastman YDC Pre-Audit Questionnaire responses

Interview:

1. PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.389 (a)

PAQ: The facility asserts agency ensures that incident-based and aggregate data are securely retained.

Georgia DJJ Policy 23.1 (Page 30) The agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1: Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.

The auditor interviewed the PREA Coordinator. The PREA Coordinator stated the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.389 (b)

PAQ: The facility asserts agency policy 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.

The PREA Coordinator will submit an annual report with redacted material to the Director of the Office of Investigations for publication approval for release on the DJJ PREA website.

The auditor observed the annual reports were published on the agency's website and approved by the Commissioner. PREA Reports | Department of Juvenile Justice (georgia.gov).

115.389 (c)

PAQ: The facility asserts before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Georgia DJJ Policy 23.1 (Page 30) Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers. PREA Reports | Department of Juvenile Justice (georgia.gov).

115.389 (d)

PAQ: The facility asserts the agency maintains sexual abuse data 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.

Georgia DJJ Policy 23.1 (Page 30) Policy states the agency will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection, in accordance with DJJ 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required 10 years, the agency will maintain data on all staff, contractors, volunteers, and/or interns who committed sexual abuse or sexual harassment of a youth for an additional five years after the staff, contractor, volunteer, and/or intern no longer work or are involved with the agency.

The auditor reviewed historical sexual abuse data from 2013 through 2020.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility 6. Eastman YDC Pre-Audit Questionnaire responses During the three-year period starting on August 20, 2013, and the current audit cycle, Georgia DJJ ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Policy Review 2. Documentation Review 3. Interviews 4. Observations during onsite review of facility 5. Eastman YDC Pre-Audit Questionnaire responses All Georgia DJJ PREA Audit Reports are published on the agency's website at: PREA Reports Department of Juvenile Justice (georgia.gov) Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

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?	no
	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.)	no
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.)	no
	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.)	no
	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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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.)	na
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.)	na
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.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be 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.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes