

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of Facility:</b>		Macon Youth Development Campus	
<b>Physical Address:</b>		4160 Riggins Mill Road, Macon, GA 31217	
<b>Date report submitted</b>		06/22/2014	
<b>Auditor information</b>			
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<b>Telephone number:</b>		954-818-5131	
<b>Date of facility visit</b>		5/21-5/22/2014	
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>		478-751-3423	
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager:</b>		Kathrym Luecke	<b>Title:</b> Secretary
<b>Email Address:</b>		<a href="mailto:jananluecke@djj.state.ga.us">jananluecke@djj.state.ga.us</a>	<b>Telephone Number:</b> 478-751-3416
<b>Agency Information</b>			
<b>Name of Agency:</b>		Georgia Department of Juvenile Justice	
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>		Avery D Niles	
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<b>Telephone Number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>		Avery D Niles	<b>Title:</b> Commissioner
<b>Email Address:</b>		<b>Telephone Number:</b>	
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# AUDIT FINDINGS

## **NARRATIVE:**

The PREA Audit of the Macon Youth Development Campus was conducted from May 21 through May 22, 2014.

The auditor wishes to extend appreciation to Facility Director, Debbie Blasingame, and her staff for the professionalism, kindness and hospitality through the audit. Additionally, the auditor wishes to complement GDJJ PREA Director Adam Barnett and his analysts' Angela Cosby and Robert Lanier for their assistance and guidance.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. Samples were also provided at the same time. Since 2012, the state agency has taken PREA requirements very seriously. They have implemented policy and procedures as well as made significant changes to ensure the youth's safety. One example is the addition of new PREA shower curtains, which show only the head and feet of a person within the area. This allows for appropriate supervision without inappropriate viewing of the youth.

Following the entrance meeting with the Facility Director, PREA Manager and other staff, a tour of the facility was conducted. The tour covered all areas of the facility, including administration, medical, housing, recreation, intake, behavioral management unit, vocational and confinement, and it was noted that appropriate PREA audit notices were posted within the common areas of the facility.

Informational PREA posters in English and Spanish were observed throughout the facility. A large poster, written in English and translated in 17 other languages, providing non-U.S. citizens information on how to contact consular representatives is prominently posted in the intake area. All cameras and each camera's field of vision were inspected. No camera could view any of the shower and toilet areas, which also is the area where youth change clothes. The facility was exceptionally clean, odor free, and well maintained.

Interviews followed with 10 random staff and specialty staff as required. Additionally, 10 random youth were picked, one from each housing area, including youth who reported a prior victimization, current allegations and youth who identified as lesbian/bisexual. A telephone interview was conducted with one of the 21 trained agency investigators.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Macon Youth Development Campus is located at 4164 Riggins Mill Road in Macon, Georgia. This is situation within Bibb County. The property is just off of a main road and is collocated with the Macon Regional Youth Detention Center. There is extensive property that allows for both programs to sit separately and allow for separate programming and recreation areas. There are also additional buildings outside to allow for maintenance and warehousing. The grounds were well maintained.

Macon YDC is a female only facility; providing services to both adjudicated youth and youth pending hearing. These populations are separated within the facility. Capacity of the facility is 70 in the youth development program and 24 in the youth detention program. Youth admitted to the facility undergo a three-day orientation which includes screening, assessments and evaluation. There is a Behavioral Management Unit on the campus that assists the youth in learning self control, decision making skills and then reintegration back into the general population through small steps. There is also a mental health unit which provides intensive therapy group for victims of sexual abuse. There is a vocational program that includes cosmetology and computer skills. The facility provides education, individual guidance and counseling, medical services and recreation, as well as appropriate clothing and meals.

There are sixteen buildings within the secure area; however many of the housing buildings are closed and are used for other purposes, i.e. visitation, Substance Abuse groups, training and drug testing.

**SUMMARY OF AUDIT FINDINGS:**

On May 21<sup>st</sup> and 22<sup>nd</sup>, 2014 a site visit was completed at the Macon Youth Development Campus in Macon, Georgia.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

### **§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

There is a policy guiding the state agencies commitment to the Prison Rape Elimination Act.

The agency Zero-Tolerance policy definitions do not match with the PREA requirements. The agency should adapt the PREA definitions.

The definition of youth on youth sexual penetration (PY1) does not include “unable to consent or refuse” which differs from non-consensual, unwanted or coerced.

Staff on youth behaviors does not address youth in state custody but off DJJ property as it appears specific to “on DJJ property or at a community residential program”.

Staff on youth does not address “contact of the mouth on any body part where the staff has the intent to abuse, arouse or gratify sexual desire”.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 which: updates the state definitions to meet the PREA definitions; includes “unable to consent or refuse” to sexual penetration (PY1) to meet PREA definitions; includes any activities between staff and youth on state property to meet PREA definitions; and includes “contact of the mouth on any body part where the staff has the intent to abuse, arouse or gratify sexual desire”. This policy went into effect on November 1, 2014.

### **§115.312 - Contracting with other entities for the confinement of residents**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

All contracts require compliance with PREA standards, including agency monitoring.

### **§115.313 - Supervision and monitoring**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This facility is working towards the required PREA staffing ratio. There are guidelines for a staffing plan, but no staffing plan was provided that incorporated all requirements of the PREA standard.

Current ratio is 1:9 awake hours; 1:16 sleep hours.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 which includes Attachment A. Attachment A is a fillable Facility Annual Staffing Report that contains all required components of the standard. This form is required to be completed by December 10<sup>th</sup> of each year. A new staffing plan was provided dated December 1, 2014 that meets the requirements of the standard.

**§115.315 – Limits to cross-gender viewing and searches**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility meets all requirements in regards to limiting cross-gender searches, viewing and training of staff. All searches are currently only allowing for same gender searches. PREA shower curtains were installed that show the head and feet only of the youth while in the shower area.

**§115.316 – Residents with disabilities and residents who are limited English proficient**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility has access to various types of interpreters through the Court Interpreter Office. Interpreter services include Spanish, Portuguese, Chinese Mandarin, Amharic, Croatian, Japanese, Persian, Vietnamese and ASL. Additionally, there are two MOU's for individual interpreters.

**§115.317 – Hiring and promotion decisions.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The state agency is responsible for all hiring aspects of GDJJ staff. Background checks and reference checks are completed as required.

**§115.318 – Upgrades to facilities and technology.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There has been no major change to the facility. However, the state agency has conducted a survey as to the necessity of additional video monitoring at all facility. The installation of additional video equipment is in the planning stages.

**§115.321 – Evidence protocol and forensic medical examinations.**

**Overall Determination**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency uses the Georgia Bureau of Investigations Evidence Protocol which meets all requirements of the standard. All forensic examinations occur at local hospital.

**§115.322 – Policies to ensure referrals of allegations for investigations.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency ensures that an administrative/criminal investigation is complete as required. GDJJ, Office of Investigations, handles all administrative or criminal investigations. All investigators are sworn law enforcement officers.

### **§115.331 – Employee Training**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Each new hire receives Module Training as per the PREA Online Training Matrix. This training is required every 2 years and includes all areas as required by the standards. The facility provided copies of monthly Staff Meeting Agendas which include training on PREA requirements and PREA Policy review. The meeting notes detail the PREA education being provided.

### **§115.332 – Volunteer and contractor training.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Volunteers and contractors are required to complete PREA training that is appropriate to their contact with youth. Records show that this training is completed as required.

### **§115.333 – Resident education.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

There is an extensive PREA education system in place for all youth to complete. All youth receive the information on intake, including transferred youth. Additionally, the agency provides PREA Core groups for all youth which is tailored to the needs of the youth and focuses on insight and support to youth with past vulnerabilities/trauma/abuse and expands the awareness of predatory and sexual acting out behaviors, including bullying, sexual labeling and name calling.

**§115.334 – Specialized training: Investigations.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There are 21 trained investigators within the GDJJ. Each are certified law enforcement officers and have received appropriate training regarding sexual abuse investigations.

**§115.335 – Specialized training: Medical and mental health care.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Medical and Mental Health staff have received training appropriate to their area of expertise, including Forensic Nursing and Sexual Assault Training. The agency does not conduct forensic medical exams.

**115.341 – Obtaining information from residents.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Youth receive an assessment upon intake and within 72 hours. The agency currently does not have an objective screening tool that contains all required minimum areas of risk. The agency has provided the auditor with a sample of a new screening tool that is being developed.

Corrective Action Period: The agency has provided a new screening tool that has been updated to include all required components of the standard. This form went into effect on November 2, 2014.

**115.342 – Placement of residents in housing, bed, program, education, and work assignments.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Custody and Housing Assessment Policy details steps taken to make appropriate housing decisions. All screening information is gathered and noted in JTS. This system then creates a level for the youth based on screening information that is used to assign housing, as well as advise all staff of supervision levels. All youth are placed in single rooms only. The use of isolation for risk of sexual victimization is not used at this facility.

**115.351 – Resident reporting.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency provides multiple internal ways for youth to report abuse/harassment, retaliation and neglect or violations of responsibilities. Help Request, Grievance Request, Dropping a note to the Director, telling staff and calling a toll-free number that is external to the facility but internal to the agency. Youth interviews confirm knowledge of internal reporting. There is currently no outside entity for youth to report abuse or harassment. The agency is currently working on purchase orders for the installation of a phone kiosk that will provide external reporting, as well as identifying an external entity to receive reports.

Corrective Action Period: This agency has provided photos of the newly installed phone system that allows for immediate access to the Georgia Network to End Sexual Assault (GNESA). Additionally a letter dated October 28, 2014 was provided that confirmed GNESA's partnership with Georgia DJJ.

**115.352 – Exhaustion of administrative remedies.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency policy dictates the requirements of the PREA standard. Per policy 15.2, if a grievance alleges sexual abuse/harassment, the administrative staff shall initially respond within 24 hours and a final

agency decision is provided within 5 days. However, the final investigation was completed within the appropriate timeframes per the PREA requirements.

Emergency grievances require an immediate response within 24 hours, and resolution within 5 days.

### **115.353 – Resident access to outside support services and legal representation.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility currently has an MOU with Strategies, Inc to provide victim advocate services to youth upon request. Youth may request a call to the victim advocate, parent/guardian or legal representative and are provided reasonable and confidential access to these parties.

### **115.354 – Third-party reporting**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

There are multiple ways for third-party reporting. A person may report to the Director, call the central toll-free hotline or send an electronic correspondence directly to the state agency through the public website.

### **115.361 – Staff and agency reporting duties.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

All staff are mandated reporters and receive appropriate training. Policy does not require the reporting of the parent/guardian, attorney or legal counsel of the victim in the event of an allegation.

Corrective Action Period: The agency has provided an updated and approved Policy 23.1, dated November 1, 2014. This policy now requires the notification of the parent/guardian, attorney or legal counsel of the victim in the event of an allegation.

### **115.362 – Agency protection duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All interviewees were able to reiterate the appropriateness of immediately separating the victim and alleged perpetrator, notification to the supervisor and the completion of an SIR.

### **115.363 – Reporting to other confinement facilities.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

While there has not been an allegation of abuse at a prior facility, the policy requires appropriate notification, documentation and investigation.

### **115.364 – Staff first responder duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

While staff could articulate all requirements of the standard, the policy should be updated to reflect that the alleged abuser shall be prohibited from taking action that could destroy physical evidence.

### **115.365 – Coordinated response.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

While there is a plan within the specific facility policy that meets the requirements and identifies staff, the first paragraph states that it is the agency written plan for each facility to follow. The facility should create an attached plan that addresses staff by title and use terminology that is common to the facility so that staff can understand

**115.366 – Preservation of ability to protect residents from contact with abusers.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There is no agreement that limit's the agency's ability to remove an alleged staff sexual abuser from contact with residents pending an investigation.

**115.367 – Agency protection against retaliation.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks.

**115.368 – Post-allegation protective custody.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Segregated housing is not used to protect alleged victims of sexual abuse.

### **115.371 – Criminal and administrative agency investigations**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy requires the facility to promptly respond to any allegations. The GDJJ Investigators are sworn law enforcement officers and complete all paperwork as required. Investigators work closely with prosecutors as necessary. A review of the record retention policy should be conducted and reviewed for compliance with PREA standards on sexual abuse or sexual harassment records.

### **115.372 – Evidentiary standards for administrative investigations**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy requires a standard of preponderance of evidence in determining outcome of allegations of sexual abuse or sexual harassment.

### **115.373 – Reporting to residents.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy requires all areas of the standard to be documented.

### **115.376 – Disciplinary sanctions for staff.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy complies with standard regarding staff discipline. There was one allegation of inappropriate staff conduct which resulted in both termination and referral for prosecution.

**115.377 – Corrective action for contractors and volunteers.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy meets the requirements of the standard. There were no instances for review.

**115.378 – Disciplinary sanctions for residents**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Disciplinary action for residents is noted in policy and meets the requirements of the standard. Policy and practice note that all sexual activity between residents is prohibited. This is clearly noted in the PREA Policy. Youth are also advised of prohibitions in the Youth Acknowledgement Statement that is signed upon intake; however it does not make it clear that youth on youth consensual activity is prohibited.

**115.381 - Medical and mental health screenings; history of sexual abuse**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

One file review did not identify the specific services provided for a youth who reported a prior victimization; however it does confirm that mental health services were provided within the required time frame.

While medical and mental health staff report that they do advise youth of confidentiality requirements, there is no system in place to document the youth's informed consent when the youth is 18 years of age or older. The agency had provided the auditor with a sample form that will be implemented.

Corrective Action Period: The agency has provided and updated and approved Policy 23.1 dated November 1, 2014. This policy now includes Attachment F, which is a Consent to Disclose Protected & Confidential PREA Related Information and includes an area for youth over the age of 18 to consent to releasing information related to any allegation of sexual abuse.

### **115.382 - Access to emergency medical and mental health services**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Youth are provided with timely access to Medical and Mental Health services. Provision of emergency contraception or STD prophylaxis is not addressed in policy. The PREA Coordinator reported that this is handled at the hospital; however there is no policy in place at the program level for ensuring the offering or any follow-up care.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 dated November 1, 2014. This policy now addresses the provision of continued medical services that include emergency contraception and STD prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate. It also addresses the facility's ability to screen for STI's at a later date.

### **115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility offers medical and mental health services to all victims of sexual abuse or sexual harassment as needed and identified. These services are at no cost to the victim or victim's family and regardless of the victim naming the abuser or their cooperation with the investigation.

### **115.386 – Sexual abuse incident reviews**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

While policy dictates a 30-day review of any incident alleging sexual abuse or sexual harassment, this system is pending. The state agency has already taken steps to adjust the form to ensure review of all required components of the standard.

Corrective Action Period: The agency has provided an updated and approved Policy 23.1 dated November 1, 2014. This policy now has an updated attachment J “10-Day Review of the Conclusion of Investigations”. This form provided contains all required components of the standard, as well as requiring the review to be conducted within 10 days of the close of the investigation.

**115.387 – Data collection**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency gathers data and maintains as required. The agency provided the 2012 DOC-SSV report that was submitted to DOJ.

**115.388 – Data Review for Corrective Action**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

While the Annual Report contains problem areas and corrective action of the agency as per reviews of each facility, these were addressed at each facility level. Would recommend individual reports from facilities and then tie them into the annual report. Policy should be addressed regarding the redaction of information and the documentation of the nature of the material redacted.

**115.389 – Data Storage, Publication, and Destruction**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Recommend review of the records management policies. The PREA standards require 10 years from the date of the initial collection whereas Policy 23.1 allows 10 years from the date of the incident.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Bobbie Pohlman-Rodgers*

12/05/2014

Auditor Signature

Date