

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: April 12, 2016

Auditor Information			
Auditor name: Robert Latham			
Address: 677 Idlewild Circle			
Email: robertblatham@icloud.com			
Telephone number: 205-746-1905			
Date of facility visit: March 14-15, 2016			
Facility Information			
Facility name: Thomas J Loftiss RYDC			
Facility physical address: 400 South Pinetree Boulevard, Building 600, Thomasville, Georgia 31792			
Facility mailing address: <i>(if different from above)</i> same as physical address			
Facility telephone number: 229-227-2764			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Eddie Mathis			
Number of staff assigned to the facility in the last 12 months: 137			
Designed facility capacity: 30			
Current population of facility: 18			
Facility security levels/inmate custody levels: Secured			
Age range of the population: 12-17			
Name of PREA Compliance Manager: David Wimberly		Title: Supervisor	
Email address: davidwimberly@djj.state.ga.us		Telephone number: 229-227-2764	
Agency Information			
Name of agency: Georgia Department of Juvenile Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Georgia			
Physical address: 3408 Covington Highway, Decatur, Georgia 30032			
Mailing address: <i>(if different from above)</i> same as physical address			
Telephone number: 404-508-6500			
Agency Chief Executive Officer			
Name: Avery D. Niles		Title: Commissioner	
Email address: aeryniles@djj.state.ga.us		Telephone number: 404-508-6500	
Agency-Wide PREA Coordinator			
Name: Adam T. Barnett, Sr.		Title: Agency PREA Program Coordinator	
Email address: adam Barnett@djj.state.ga.us		Telephone number: 404-683-6844	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit was conducted March 14-15, 2016 at the Thomas J Loftiss Regional Youth Detention Center (RYDC) in Thomasville, Georgia. The Thomas J Loftiss RYDC is operated by the Georgia Department of Juvenile Justice (DJJ). The Georgia DJJ operates an additional 18 Residential Youth Detention Centers located throughout the state. The Facility has a designated capacity of 30 residents. On the first day of the audit the resident population was 18. The morning of the audit began with a meeting with the Agency PREA Coordinator, Facility Director, Assistant Director, Facility PREA Compliance Manager, Nurse Manager, Mental Health Staff, and additional administrative staff. The auditor discussed the schedule for the day. A tour of all areas of the Facility was followed by staff and resident interviews. Interviews included the following: Agency Department Head Designee (Agency PREA Coordinator), Agency PREA Coordinator, Facility PREA Compliance Manager, Facility Director, Specialized Staff, a Random Sample of Staff from 1st shift, and residents. For the convenience of the Facility, the interviews continued until second shift. A Random Sample of Staff from 2nd shift were interviewed, upon reporting to work. A total of thirty-six (36) interviews occurred. Twenty-six (26) staff interviews and ten (10) resident interviews occurred. The Facility provided detailed, comprehensive documentation on a USB flash drive well in advance of the on-site audit. An exit interview was held with the Facility Director, Facility PREA Compliance Manager, and Agency PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Thomas J Loftiss RYDC is located in the southern part of Georgia, in close proximity to the Florida State line. The Facility is located on the Southwestern State Hospital campus. The Facility has a designed capacity for 30 male residents. On the first day of the audit the population was eighteen (18). The age range is 12-17. The Facility security level is identified as secured. The Facility consists of one (1) building with thirty (30) single cell housing units, single shower stalls, a large multi-purpose room, and a fenced in outdoor recreation area. Supervision is provided over two twelve hour shifts. Supervision is augmented by cameras located throughout the Facility and a central control room. The Facility provides temporary, secure care and supervision to residents who have been found guilty of crimes and are awaiting disposition of their cases by a juvenile court. Additionally, youth are held awaiting placement in a DJJ treatment facility or a Youth Development Campus. The Facility provides education, individual guidance and counseling, and medical and emergency dental care as part of the basic program.

SUMMARY OF AUDIT FINDINGS

On March 14-15, 2016 the on-site audit was completed for the Thomas J Loftiss RYDC, located in Thomas County, Georgia. The results indicate the Thomas J Loftiss RYDC exceeded seven standards and met thirty-four standards.

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments, Pages 1-26

- Section I, Page 1 -Policy
- Section III, Pages 1-3 –Definitions
- Section IV. A-B, Pages 3-4 -Prevention Planning
- DJJ 23.1, Attachment K -Requirements of a PREA Case

Supporting Documentation

Agency News Release -Identifies PREA Coordinator
Agency Organizational Structure
Division of Operations and Compliance Organizational Structure
Georgia DJJ PREA Organizational Structure
Facility Organizational Structure

PREA Accountability Statement

The Thomas J Loftiss RYDC Facility Director has designated a PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director.

Interviews

Agency PREA Coordinator
Facility PREA Compliance Manager

Conclusion:

The Georgia DJJ mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract; outlines how the Facility will implement the Agency's approach to preventing, detecting, and responding to sexual abuse or sexual harassment; includes definitions of prohibited behaviors; includes sanctions for those found to have participated in such behaviors; and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The Georgia DJJ employs an Agency PREA Coordinator. The Agency PREA Coordinator has complete and unrestricted access to all Agency facilities, contract/residential programs, offices, records, staff, and residents. Facility staff, contract providers, and community service staff must cooperate fully with the Agency PREA Coordinator without fear of reprisal or reprimand. Additionally, the Deputy Commissioner of Secure Facilities or designee ensures that each Facility designates a PREA Compliance Manager.

The interview with the Agency PREA Coordinator established the individual has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all of its facilities. The interview with the Facility PREA Compliance Manager established the individual has sufficient time and authority to coordinate the Facility's efforts to comply with the PREA Juvenile Standards.

The Georgia DJJ is inventively proactive when it comes to PREA. From the Commissioner to the direct care staff, PREA is a part of every aspect of the Agency and its facilities. The PREA Organizational Structure includes one part-time State-Wide PREA Monitor, in addition to the Agency PREA Coordinator and Facility PREA Compliance Manager. The Agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the Agency. Additionally, the PREA policy is structured by subject matter and includes references to the PREA Juvenile Standards established by the U.S. Department of Justice, thereby allowing the reader of the policy to discover relevant policy provisions by topic corresponding to each PREA Juvenile Standard. Therefore, I feel the Facility and the Agency exceed the standard.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VI. C, Page 5 –Contracting with other Entities for the Confinement of Residents
- Section XIII. C. 2.a-h, Page 26 –Auditing and Monitoring (Community Residential Providers)

Supporting Documentation

Contracts with Residential Providers -Including required PREA language
Agency Residential Monitoring Tool

Conclusion:

New contracts or contract renewals with public and private entities for the confinement of residents include the entity's obligation to adopt and comply with PREA standards. The Regional Treatment Services Specialists (RTSS) monitors and conducts internal audits of all Community Residential Providers for PREA compliance and submits 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 required PREA training to meet all PREA requirements. They are responsible for contracting with Department of Justice Certified Juvenile Auditors to conduct an independent audit every three years, completing all required audit documentation, and uploading required documentation for the auditor.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments A & B

- Section IV. D&E, Page 5 – Supervision and Monitoring
- Attachment A, Facility Annual Staffing Report (examples provided)
- Attachment B, PREA Unannounced Rounds Documentation

Supporting Documentation

Security Staffing Needs Analysis – Staff to resident ratios (1:8 during resident waking hours and 1:16 during resident sleeping hours)
Secure Facility Staffing Report System –Staffing ratios by shift and deviations from the staffing plan (examples provided)
Secure Facility Staffing Report System Training Guide
Supervision and Monitoring Statement –Staff holdovers are used as a backup plan to ensure staffing requirements
Obstructed View Report –Office and shower door upgrades
Closed-Circuit Television (CCTV) Schedule for Upgrades
CCTV Review Log

PREA Accountability Statement

The Thomas J Loftiss RYDC uses staff holdovers to ensure staffing requirements are met.

Interviews

Facility Director
Agency PREA Coordinator
Facility PREA Compliance Manager
Intermediate or Higher-Level Facility Staff

Conclusion:

The Facility develops, implements, and documents an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Each time the staffing plan is not complied with, the Facility will document and justify all deviations from the staffing plan.

The Secure Facility Staffing Report System is a valuable internet based tool that provides the Agency PREA Coordinator and other administrative staff, current staffing ratios and actions taken to address possible deviations from the staffing plan, by shift and by facility. Supervision and monitoring related interview questions confirmed the Facility Director and PREA Compliance Manager are knowledgeable of the requirement of maintaining appropriate staffing ratios and measures to take to alleviate the possibility of deviations from the staffing plan. Examples of Secure Facility Staffing Reports indicated no deviations within the last 12 months.

The Facility is required to review, make adjustments, and complete the Facility Annual Staffing Report. The report is submitted with the required signatures to the Agency PREA Coordinator by the 10th of December of each year. The interview with the Agency PREA Coordinator confirmed knowledge of the annual requirement of assessing the staffing plan, prevailing staffing patterns, video monitoring systems, other monitoring technology, and resources needed to ensure adherence to the staffing plan. The Annual Staffing Report was provided to the Auditor prior to the on-site audit.

Intermediate and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the Facility. At least two unannounced rounds must be conducted per month. Staff are prohibited from alerting other staff of such rounds. All unannounced rounds must be documented using the Unannounced PREA Rounds form. This practice was confirmed through interviews with Intermediate and Higher-Level Facility Staff (Assistant Director and Facility PREA Compliance Manger). Examples of Unannounced PREA Rounds were provided to the auditor prior to the on-site audit.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment C
▪ Section IV. K-P, Page 6 –Limits to Cross-Gender Viewing and Searches

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment C

- Section IV. K-P, Page 6 –Limits to Cross-Gender Viewing and Searches
- Attachment C –Cross-Gender Searches Documentation

Supporting Documentation

Local Operating Procedures (Post Order) –Showering procedures

Training

Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) –The Moss Group, Inc.

Limits to Cross-Gender Viewing and Searches PowerPoint –The Moss Group, Inc.

Cross-Gender Pat Searches for Transgender and Intersex Training Video - The Moss Group, Inc.

PREA Accountability Statements

The Thomas J Loftiss RYDC has conducted no cross-gender searches in the past 12 months. The Facility enables residents to shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender.

Interviews

Random Sample of Staff

Random Sample of Residents

Transgendered and Intersex Residents –None

Conclusion:

The Facility does not conduct cross-gender strip and body cavity searches of residents. 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 order of the Facility. All such searches must be documented detailing the exigent circumstances using Attachment C, Cross Gender Searches Documentation. The PREA Compliance Manager is the only staff trained and permitted to conduct cross-gender pat-down searches. The PREA Compliance manger confirmed that no cross-gender pat-down searches have occurred within the past 12 months.

With the exception of medical examinations or urine drug screens, staff will not view residents showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks. The Facility has installed "PREA friendly" shower curtains in all shower stalls that provide a view of the resident's upper body (shoulder and head) and lower body (knees to feet). The middle of the curtain prevents juvenile's mid-sections from being viewed. In addition to the "PREA friendly" shower curtains, residents are able to change clothing behind the shower curtain before exiting the shower stall.

Staff members of the opposite gender announce their presence when entering a resident housing unit. Female staff announce "Female on the hall" when entering a male housing unit. Staff and resident interviews confirmed this practice is well-known and consistently practiced.

Facility non-medical or medical staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during a conversation with the resident or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

The gender of the staff member searching a transgender or intersex resident is determined on a case-by case basis and takes in to consideration the gender expression of the resident. The PREA Compliance manger confirmed that no transgender or intersex resident searches have occurred within the past 12 months.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IV. Q-T, Pages 6-7 -Residents with Disabilities and Residents who are Limited English Proficient

Policy 13.32, Special Education Services

- Section II. Page 1 – Services for residents with disabilities
- Section III. B, Page 2 –DJJ Special Education Procedures Manual

Policy 15.10, Language Assistance Services

- Section III. A-C, Pages 1-2 – Services for residents who are limited English proficient
- Attachment A: “I Speak” Chart (Language Identification Flashcard)

Supporting Documentation

Teacher’s Special Education Certification

Interpreter Services (Language Line Solutions, 800-523-1786)

PREA Accountability Statements

The Thomas J Loftiss RYDC provides services for students with disabilities. The Facility uses interpretive services (Language Line Solutions). The Facility provides age-appropriate and disability services to residents by special education instructors.

Interviews

Agency Head Designee (Agency PREA Coordinator)

Disabled and Limited English Proficient Residents –None

Conclusion:

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, through the use of interpretive services and special education instructors. Age-appropriate information 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. No residents with disabilities or limited English proficiency were present during the on-site audit.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment D

- Section IV. U-DD, Pages 7-8 –Hiring and Promotion
- Attachment D –PREA Employment Questionnaire

Policy 3.52, Background Investigations

- Section III. E. 1-3, Page 8 –Disqualifications for employment for positions with contact with residents
- Section VI. A. 1-3, Page 9 –Criminal records checks required every five years

Supporting Documentation

PREA Employment Questionnaire Examples

PREA Audit Report

Criminal Background Checks
Five year Criminal Background Checks
POST Officer Recertification Letter (Division of Secure Facilities)
Letter from Department of Human Services (DHS)

PREA Accountability Statement

All Thomas J Loftiss RYDC employees, volunteers and contractors have completed background clearances prior to providing services.

Interview

Administrative (Human Resources) Staff

Conclusion:

Applicants for positions with contact with residents are disqualified from employment if they have any convictions for sexual abuse in a prison, jail, secure community placement or juvenile facility; any convictions for engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or in the absence of a conviction, any civil or administrative findings that the applicant engaged in any activity described above. The Facility asks applicants about the aforementioned disqualifications for employment via the PREA Employment Questionnaire. Material omissions or providing false information can lead to termination.

The Facility does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. All new hires and employees being considered for promotion undergo a criminal background records check. 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. Additionally, background checks for all employees and contractors are conducted every five years.

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 interview with the Human Resources Staff confirmed background checks are conducted before employment and every five years thereafter. She confirmed that applicants are required to complete a PREA Employment Questionnaire and any material omissions or providing false information is considered grounds for termination. Examples of background checks and PREA Employment Questionnaires were provided prior to the on-site audit.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IV. EE& FF, Page 8 –Upgrades to Facilities and Technology

Supporting Documentation

DJJ Facility Operating Synchronization, Page 3
CCTV (Monitoring Technology) Schedule for Upgrades
List of Doors with "Restricted Area Youth Not Allowed"
List of Facility Camera Locations

PREA Accountability Statements

PREA Audit Report

The Thomas J Loftiss RYDC has not made any substantial upgrades or modifications within the last 12 months. Solid doors have signs stating “Restricted Area Youth Not Allowed”.

Interviews

Agency Head Designee

Facility Director

Conclusion:

The Facility has not experienced any substantial expansions or modifications within the past 12 months. If the Facility were to do so, Georgia DJJ Policy 23.1 states the Agency would consider the effect upon the Facility’s ability to protect residents from sexual abuse. The Agency PREA Coordinator would serve on the primary committee for planning purposes.

New cameras have been added during the past 12 months. When the Facility updates video monitoring, electronic surveillance, or other monitoring technology, Georgia DJJ Policy 23.1 states the Agency considers how such technology may enhance the Agency’s ability to protect residents from sexual abuse.

The interview with the Agency Head Designee (Agency PREA Coordinator) revealed the Agency considers the effects of facility design, renovations, modifications and expansion on the Agency’s ability to protect residents from sexual abuse. The Facility PREA Compliance Manager is involved in planning and assessing physical structures of the building. Strategic planning team reviews are held every three months. Regarding, video monitoring, electronic surveillance, or other monitoring technology, staff supervision is foremost in protecting residents. Cameras augment staff supervision by providing for monitoring and reviewing incidents. There are plans for a Geographic Information Mapping System that would identify “hot spots” and enhance the Agency’s ability to protect residents from sexual abuse.

The interview with the Facility Director confirmed no substantial expansions or modifications have been made within the past 12 months. New cameras have been added during the past 12 months. New cameras enhance supervision and aide in protecting the residents from sexual abuse.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section V. A-K, Pages 9-10 –Responsive Planning, Evidence Protocol and Forensic Medical Examinations

Policy 23.2, Sexual Assault, Pages 1-4 –Forensic medical examinations

Policy, 2.10, Payment of Youth Medical Expenses

- Section IV. A, Page 2 –Services provided at no cost to resident victims

Policy 8.42, Crime Scene Preservation –Forensic examination protocol

Policy 11.15, Emergency Medical Services

- Section III. B.1, Page 2 –Forensic examination protocol

Policy 23.2, Sexual Assault, Pages 1-4 –Forensic medical examinations

Supporting Documentation

Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property

Global Diagnostic Services Contract and Correspondence –SANE and SAFE Services

Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding

Crumbly Counseling Services, LLC –Agreement for Victim Advocacy Services

Local Hospital Memorandum of Understanding
Facility Medical and Mental Health Staff Qualifications
Georgia Bureau of Investigations (GBI) Evidence Protocol

PREA Accountability Statements

GDJJ PREA Investigations Unit follows the “National Protocol for Sexual Assault Medical Forensic Examinations”.
No forensic examinations were required within the past twelve months at the Thomas J Loftiss RYDC.

Interviews

PREA Compliance Manager
SAFEs/SANEs
Random Sample of Staff
Residents who Reported a Sexual Abuse -None

Conclusion:

The Georgia DJJ Office of Investigations conducts administrative and criminal sexual abuse investigations. The Office of Investigations follows the guidelines of the “National Protocol for Sexual Assault Medical Forensic Examinations”. All residents who experience sexual assault have access to forensic medical examinations at no cost. When SANEs or SAFEs are not available, a qualified medical practitioner will perform forensic medical examinations. The Facility documents efforts to provide SANEs or SAFEs. A qualified victim advocate will provide support to victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention information, and referrals.

The Facility does not conduct forensic medical examinations. Examinations would be performed at the local hospital or through the Georgia Network to End Sexual Assault (GNESA). GNESA is an organization made up of all 29 rape crisis centers statewide. If a resident calls the rape crisis hotline and there is no answer the call will go to the next center. If there is no answer at that center the call is made to the next nearest, and if no answer there then to the next, eventually contacting all 29 statewide centers. The Georgia DJJ has a contract with Global Diagnostic Services, Inc. to conduct SAFE/SANE services. In addition to Crumbly Counseling Services LLC, there also exists within the Georgia DJJ an office of victim services that provides advocacy services for resident victims. The Georgia DJJ does an excellent job of providing PREA related services to its residents and exceeds the standard’s requirements.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section V. L&M, Page 10 – Policies to Ensure Referrals of Allegations for Investigations

Policy 22.3, Internal Investigations

- Section I, Page 1 -All allegations of sexual abuse or harassment are referred for investigation.
- Section III. C, Page 3 –Investigations are completed by GDJJ Office of Investigations.
- Section III. L&N, Page 5 –Investigator training

Policy 8.5, Special Incident and Child Abuse Reporting

- Section VI. F, Page 15-16

Supporting Documentation

Georgia Open Records Request Act – Policy regarding referral for criminal investigations is publically available
Georgia Bureau of Investigations (GBI) Evidence Protocol

PREA Accountability Statement

PREA Audit Report

The Thomas J Loftiss RYDC referred all allegations of sexual abuse or harassment for investigation.

Interviews

Agency Head Designee
Investigative Staff

Conclusion:

All allegations of sexual abuse or harassment are referred for an administrative and/or criminal investigation. The Georgia DJJ Office of Investigations, PREA Unit has legal authority to conduct criminal investigations. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publically available upon request.

The interview with the Agency Head Designee (Agency PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of Sexual abuse or harassment. 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 Director notifies the Office of Investigations within 2 hours; the Investigator in turn instructs the Director how to code the allegation; and at the same time the victim goes to the hospital or rape crisis center and is examined by a SAFE, SANE, or medical doctor. If needed the Agency has a contract with a statewide company for SANE services. Victim advocacy services are provided by the local rape crisis center, therapist, a staff member, or by two professionally trained, Georgia DJJ victim advocates.

The interview with the PREA Special Investigator provided an informative overview of the investigative process. All allegations of sexual abuse or harassment are referred for investigation and referred for prosecution when deemed criminal. The Georgia DJJ Office of Investigations, PREA investigators are Georgia State certified police officers with the authority to make arrests, obtain warrants, and refer cases for criminal prosecution.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments E&G

- Section VI. A&B, Page 10 –Employee training (includes all eleven required topics)
- Attachment E –PREA Acknowledgment
- Attachment G –PREA Training Series – Modules 1-8

Training

PREA Training Series – Modules 1-8

2015 Revised PREA Policy Refresher Training for all staff (8B)

Gender Responsive Training –Training is tailored to the unique needs and attributes and gender of residents.

Supporting Documentation

Staff Training Hours Reports

PREA Accountability Statement

Thomas J Loftiss RYDC employees have received required PREA training.

Interviews

Random Sample of Staff

Conclusion:

Staff must complete the PREA Training Series as listed in Attachment G, PREA Training Series. The eight modules of the PREA Training Series cover the eleven required PREA topics for employees who may have contact with residents. Gender responsive Training is designed to provide staff training tailored to the unique needs of and attributes of the gender of the residents at the Facility. The Facility documents, through electronic verification that employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate.

The Facility Director ensures key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, reminders in shift briefings, and staff meetings. The Agency PREA refresher training is conducted every two years. All full and part-time staff members are required to complete the online refresher training as determined by the Agency PREA Coordinator. An example of refresher training is the 2015 Revised PREA Policy Refresher Training for all staff, Module 8B.

Staff interviews confirmed they have received the required training topics, as well as refresher training. PREA is discussed at most staff meetings and training is an ongoing process.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment E

- Section VI. C-E, Page 11 –Volunteer and Contractor Training
- Attachment E- Staff PREA Acknowledgment

Policy 14.3, Citizen and Volunteer Involvement and Attachment H

- Attachment H –Volunteer/Guest Consent and PREA Acknowledgement

Supporting Documentation

List of Volunteers

List of Contractors

PREA Acknowledgement Statements

Interview –Volunteer who has Contact with Residents

Conclusion:

The Facility ensures 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 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 maintains documentation confirming the volunteers, interns, and contractors understand the zero-tolerance policy training they have received.

The volunteer interviewed, confirmed receiving training about her responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. She also reported being notified of the Agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment H

- Section VI. G-K, Page 11-12 –Resident Education
- Attachment H –Youth Acknowledgment Statement

Policy 13.32, Special Education Services

Supporting Documentation

Teacher's Special Education Certification

Training Curriculum and Material

Letter from the Associate School Superintendent

GDJJ 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

Intake Flyer - Female and male; English and Spanish

Youth Safety Tips -Handout and Poster

Posters –Female and male; English and Spanish

Commissioner's Orientation Video

Safeguarding Your Sexual Safety: A PREA Orientation Video –National Institute of Corrections (NIC) 2013

End Silence: Youth Speaking Up about Sexual Abuse in Custody

- *Billy Speaks Out* (for male youth age 14-18) February 2012
- *Carlo's Question* (focuses on sexual minority youth) May 2012
- *Charlie's Friend* (for male youth age 10-13) July 2012

PREA Accountability Statements

All Thomas J Loftiss RYDC residents have received required PREA education sessions. Special education services are provided.

Interviews

Intake Staff

Random Sample of Residents

Conclusion:

In the past 12 months all residents who were admitted to the Facility completed the required PREA education. Beginning December 17, 2012 all residents completed the required PREA training. According to a letter from the Associate School Superintendent this training was completed by December 19, 2012 and was provided by education staff at the facility. Information regarding the Georgia DJJ zero-tolerance policy regarding sexual abuse and harassment and how to report is provided in an age appropriate fashion at intake by viewing a video. Each resident signs the Youth Acknowledgment Statement, confirming they have received PREA education.

Within 72 hours of intake, the facility provides a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, retaliation for reporting such incidents, and Agency policies and procedures for responding to such incidents.

The Agency provides 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. Posters, student handbooks, intake flyers, Youth Safety Guides, and other reading materials are continuously and readily available in English and Spanish. Special education services are provided by a certified Special Education Teacher.

Posters are located throughout the Facility. They provide important contact information for the rape crisis center, victim advocate services, civil immigration and consular services, and who to contact to report sexual abuse or harassment.

In addition to the basic PREA education requirements the residents take a six session PREA Curriculum. The curriculum goes beyond simply saying what behavior is not allowed. It is designed to empower youth 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. Motivation is not taken for granted. The goal is for the youth is to reduce their vulnerability and to increase the positive steps in self-management. Georgia DJJ has an extensive PREA education program for short and long term residents. The extensive resident PREA education exceeds the requirements of the standard.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VI. L&M, Page 12 –Specialized Training: Investigations

Supporting Documentation

Georgia Bureau of Investigations (GBI) Evidence Protocol Process

Georgia DJJ Hearings on Sexual Victimization in U.S. Juvenile Correctional Facilities by the Review Panel on Prison Rape

Training

Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting – National Institute of Corrections (NIC) 2013 PREA Modules 2-8A

PREA Accountability Statement

All investigators in the Office of Investigations have completed NIC PREA training.

Interview

Investigative Staff

Conclusion:

Georgia DJJ Office of Investigators (PREA Division) investigators receive all eleven basic PREA topics listed in standard 115.333 via PREA Modules 2-8A. 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”. 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 investigators in the Office of Investigations have completed NIC PREA training. Training is documented by certificates of completion. An interview with a PREA investigator confirmed that he has received the required training and is knowledgeable about his duties and responsibilities.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VI. N&M, Page 12 –Specialized Training: Medical and Mental Health Care is documented by certificates of completion.

Supporting Documentation

List of Medical Staff with training dates

List of Mental Health Staff with training dates

Training

PREA: Medical Health Care for Sexual Assault in a Confinement Setting – National Institute of Corrections (NIC) 2013

PREA: Behavioral Health Care for Sexual Assault in a Confinement Setting – National Institute of Corrections (NIC) 2013

PREA Modules 2-8A

PREA Accountability Statement

All Thomas J Loftiss RYDC full time, part-time, and contract medical and mental health staff have completed NIC PREA training.

Interviews

Medical and Mental Health Staff

Conclusion:

Georgia DJJ Office of Medical Health Care Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.333 via PREA Modules 2-8A. Additionally, medical care 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”. Facility medical staff do not conduct forensic medical examinations.

Georgia DJJ Office of Behavioral Health Services full and part-time staff receive all eleven basic PREA topics listed in standard 115.333 via PREA Modules 2-8A. Additionally, behavioral health care 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”.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VII. A-G, Pages 12-14 – Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents

Policy 17.3, Custody and Housing Assessment

- Section IV. B. 1-3, Page 3 – The Custody Level Assessment
- Section V. A. 1-9, Page 5 –Housing Assessments

Supporting Documentation

PREA Screening Report (PSR) examples

PREA Accountability Statement

The Thomas J Loftiss RYDC completes a PREA Screening Report (PSR) on all residents who enter the Facility.

Interviews

Staff Responsible for Risk Screening

Random Samples of Residents

Conclusion:

The first question the intake officer asks each resident is “Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours?” If the resident answers yes, then the staff will immediately follow the protocol for preserving and protecting the evidence, reporting the incident, and obtaining medical, victim advocate and investigative services.

If the resident answers no, the regular intake procedures will proceed to determine the resident’s risk of sexual victimization and abusiveness. Georgia DJJ has a very unique risk assessment process. The various 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 PREA Screening Report ascertains: prior victimization; gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident’s own perception of vulnerability; and any other specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents. The Facility Director or designee reviews the report and determines the resident’s risk level of sexual victimization or abusiveness. This process enables housing assignments and all other PREA related decisions to be made with all of the necessary information to make an informed decision.

The Facility PREA Compliance Manager disseminates results of the PREA Screening Report to the Facility management team on a need-to-know basis. Staff members working directly with the residents are advised of the status of a resident at risk of victimization or a resident that is at risk of harming others. The Facility treatment team members and program and supervising staff continually review the resident’s adjustment within the Facility to reduce the risk of sexual abuse by or upon a resident.

Interviews with intake staff and residents confirmed that screening for risk of sexual victimization and abusiveness is completed within 72 hours and all required information is ascertained by intake staff, medical staff and mental health staff. The Facility PREA Compliance Manager and the Agency PREA Coordinator confirmed sensitive information is controlled by complying with all applicable disclosure requirements. The comprehensive level of assessing risk for sexual victimization and abusiveness demonstrates that the Georgia DJJ policies, practice, and procedures exceed the requirements of the standard.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VII. M-P, Pages 14-15 –Placement of Residents in Housing, Bed, Program, Education, and Work and Assignments.

Policy 16.6, Services in Confinement

- Section I-IV., Pages 1-7 -Services in Confinement -
- Attachment A –Confinement Checks Form

PREA Accountability Statement

The Thomas J Loftiss RYDC placed no residents at risk of sexual victimization in isolation within the past 12 months.

Interviews

Facility Director

PREA Coordinator

PREA Compliance Manager

Staff Responsible for Risk Screening

Medical and Mental Health Staff

Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse –None

Residents in Isolation -None

LGBTI Residents –None

Conclusion:

Housing, bed, program, education and work assignments are based on the PREA Screening Report. LGBTI residents are not placed in particular housing, bed, program, education and work assignments. Their identification or status is not considered as an indicator of likelihood of being sexually abusive. Interviews with the Facility PREA Compliance Manager confirmed the PREA Screening Report is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other resident.

Placement and programming assignments for transgender or intersex residents are reassessed at least every six months to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to their safety will be given serious consideration. Transgender residents are given the opportunity to shower separately from other residents. The Facility reported not having and transgender or intersex residents within the past 12 months. Interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager confirmed a transgender or intersex resident's safety would be given serious consideration, their placement and programming would be reassessed as required, and they would shower individually.

Isolation is only used as a last resort, if less restrictive measures are inadequate, and only until an alternate means of providing safety can be arranged. The basis and reason for isolation would be documented. While isolated, residents receive educational programming, special education services, daily large-muscle exercise, and daily visits from a medical or mental health care clinician. Continuation of isolation is assessed weekly and reviewed every 30 days. The Facility Director reported placing no residents at risk of sexual victimization in isolation within the past 12 months. Interviews with medical and mental health staff confirmed they would visit residents in isolation as required.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VIII. A-G, Pages 15-16 –Resident Reporting

Policy 8.5, Special Incident and Child Abuse Reporting

- Section III. A&B, Pages 4-7 –Documenting Verbal Reports

Policy 15.2, Grievance Process

- Section III. C. 2, Page 2 –Access to Tools to Make a Written Report

Policy 17.1, Admission to a Secure Facility and Attachment A

- Section III. B. 1-7, Pages 2-3
- Attachment A –Notification of Foreign Nationals in Detention

Supporting Documentation

PREA Voicemails/Test Call List

U.S. Department of Consular Notification and Access

Consular and Trade Offices in Georgia

Reporting Sexual Assault Outside of Georgia Facilities (Poster) –List of Phone Numbers

News Release: June 29, 2013 –Commissioner Encourages Public to Use Agency TIP-Line: “If You See Something, Say Something”

Georgia DJJ TIP-Line Form [Employees/DJJTIPFormWeb.aspx](#)

PREA Accountability Statement

The Thomas J Loftiss RYDC has had no residents detained solely for civil immigration purposes.

Interviews

PREA Compliance Manager

Random Sample of Staff

Random Sample of Residents

Residents who reported a Sexual Abuse –None

Conclusion:

The Georgia DJJ provides residents with many 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. Residents can report in the following ways: a Help Request Form; grievance form; verbally reporting to a counselor, medical or mental health staff; the Facility Director or Assistant Director, parent or guardian, chaplain, minister, Facility PREA Compliance Manager, or any trusted staff; calling the external National Sexual Abuse Hotline, calling the Georgia DJJ Office of Victim Services; writing or calling the Georgia DJJ Ombudsman; the Georgia DJJ TIP-Line: “If You See Something, Say Something”; and by calling Georgia’s sexual assault coalition of rape crisis centers, the Georgia Network to End Sexual Assault (GNESA). All verbal reports are documented by using the Special Incident Reporting (SIR) form.

GNESA is a coalition of 29 rape crisis centers. If a resident calls the local rape crisis center and 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. It provides an exceptional service for a resident reporting sexual abuse. The advanced calling system ensures a resident’s call will be answered.

The Georgia DJJ TIP-Line is available on the Agency’s website. The TIP-Line provides an avenue for 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.

PREA Posters in English and Spanish are located throughout the Facility. The Break the Silence poster provides a list of phone numbers for reporting sexual abuse outside of the Facility. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia Center for Child Advocacy, U.S. Immigration and Customs Enforcement, Georgia DJJ, Office of Victim Services, and the Georgia DJJ, Ombudsman Office. In addition to posters, residents are provided reporting information in English and Spanish by way of Student Handbooks, the Youth Safety Guide for Secure Facilities, the PREA Intake Flyer, and the Youth Safety Tips handout.

If a non-English speaking resident is admitted, interpretive services are available from Language Line Solution, 800-523-1786. A Language Identification Chart is available for residents to point at the language they speak.

There have been no residents detained solely for immigration purposes within the past twelve months. If needed, the Facility provides mailing addresses and telephone numbers for civil immigration and consular services.

Interviews with staff and residents confirmed both are well informed of the reporting processes available. Residents could name several methods to report verbally, by telephone or in person. Staff are aware of the TIP-Line and how to report privately if necessary. They confirmed that verbal reports would be documented promptly. The PREA Compliance Manager was knowledgeable of the outside entities for reporting and confirmed residents are given a pencil when they wish to write a grievance or Help Request Form.

Georgia has been creative and resourceful in providing avenues for residents to report 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. The numerous and broad range of methods the Georgia DJJ provides residents for reporting exceeds the requirements of the standard.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VIII., I-M, Page 17 – Exhaustion of Administrative Remedies

Policy 15.2, Grievance Process

- Section I-IV., Pages 1-7 –Grievance Process

Supporting Documentation

Examples of Grievances

PREA Accountability Statements

The Thomas J Loftiss RYDC Director certifies residents can report an incident of sexual abuse and harassment by completing a grievance, which is placed in the locked grievance box regardless of the date of the incident. Four (4) grievances alleging sexual abuse were filed within the last 12 months; all four (4) reached final a decision within 90 days of being filed and none required extensions. No residents declined third party assistance within the last 12 months. No emergency grievances alleging an imminent risk of sexual abuse were filed within the last 12 months. There were no disciplinary sanctions for grievances filed in bad faith within the last 12 months.

Interviews

Residents who reported a sexual abuse -None

Conclusion:

The Facility uses the Grievance Process, as an administrative procedure to address resident grievances regarding sexual abuse and sexual harassment. Grievances regarding sexual abuse and sexual harassment are not resolved informally. The Facility places no time limits on when a resident may submit a grievance for such incidents. Grievances are not referred to a staff member who is the subject of the complaint, but may be submitted to a staff member who is not the subject of the complaint. Grievances alleging sexual abuse will be processed immediately, but no later than 24 hours of receipt, and assigned for investigation. A final decision on the merits of the grievance will be made upon completion of the investigation within 45 days. The Georgia DJJ shall issue a final ruling within 45 days of the initial filing of a grievance. Extensions may be approved by the Georgia DJJ Commissioner or designee and residents will be notified in writing. Emergency grievances alleging a resident is subject to imminent sexual abuse require the Facility Director or designee to provide a response within 24 hours and a final decision within 5 days. Residents are disciplined for grievances filed in bad faith.

The Agency permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filling grievances and appeals. These same individuals may file a grievance on behalf of a resident. If a resident declines to have a grievance processed on their behalf, the decision is documented. A parent or legal guardian may file a grievance although the resident has declined.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VIII. N-P, Page 17 –Resident Access to Outside Support Services and Legal Representation
- Attachment F –Consent to Disclose Protected Confidential PREA Related Information (examples)

Policy 15.3, Youth Access to Courts and Criminal Counsel

Policy 15.5, Youth Visitation

Policy 15.6, Access to Mail

- Section III. G, Page 4 –Confidential Correspondence

Policy 17.1, Admission and Release

- Section III. B. 1-7, Pages 2-3
- Attachment A –Notification of Foreign National in Detention

Supporting Documentation

Crumbley Counseling Services

Break the Silence Posters

Break the Silence Reporting Sexual Abuse Outside of Georgia DJJ Facilities (List of Phone Numbers)

- National Sexual Assault Hotline 1-800-656-HOPE
- Georgia Center for Child Advocacy 1-678-904-2880
- U.S. Immigration and Customs Enforcement 1-404-346-2300
- Georgia DJJ, Office of Victim Services 1-404-508-6500
- Georgia DJJ, Ombudsman Office 1-855-396-2978

U.S. Department of State Consular Notifications and Access

Consent to Disclose Protected Confidential PREA Related Information (examples)

Georgia Network to End Sexual Assault (GNESA) -29 Georgia Rape Crisis Centers supported by local MOUs.

Interviews

Facility Director

Random Sample of Residents

Residents who Reported a Sexual Abuse –None

PREA Compliance Manager

Conclusion:

The Thomas J Loftiss RYDC provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Resident detained solely for civil immigration purposes are provided contact information for immigrant services agencies. The facility will 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. The Break the Silence poster provides a list of phone numbers for resident access to outside support services and legal representation. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia Center for Child Advocacy, U.S. Immigration and Customs Enforcement, Georgia DJJ Office of Victim Services, and the Georgia DJJ Ombudsman Office. The Georgia DJJ also has an agreement with the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 29 rape crisis centers. In addition to GNESA, Crumbley Counseling Services, LLC is another outside support service available to the residents.

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.

Interviews with residents confirmed they have knowledge of the numerous outside support services available. They were familiar with the

Break the Silence posters. They had knowledge that the Facility would provide confidential access to legal representation and their parents or legal guardians if needed. The Facility Director and Facility PREA Compliance Manager also confirmed residents' access to legal representation and their parents or legal guardians.

The Facility exceeds this standard by providing such a wide range of outside support services. The Georgia Network to End Sexual Assault (GNESA) and Crumbley Counseling Services provide accessible victim advocate and emotional support service to the residents. Lastly, the Break the Silence poster lists several additional outside legal and support services.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policy

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section VIII. Q&R, Page 18 –The Agency provides for third-party reporting.

PREA Accountability Statement

The Thomas J Loftiss RYDC provides for third-party reporting of sexual abuse and sexual harassment on behalf of a DJJ youth by:

1. Tip Forms on the DJJ website at these links.
 - <http://www.djjnewsandviews.org>
 - <http://www.djjnewsandviews.org/gangs101>
 - <http://www.djjnewsandviews.org/preageorgia/>
2. Office of Victim Services 1-866-922-6360; victimservices@djj.ga.us
3. Office of Ombudsman 1-855-396-2978; djjombudsman@djj.state.ga.us
4. National Sexual Abuse Hotline 1-800-656-Hope

Supporting Documentation

News Release: June 29, 2013 –Commissioner Encourages Public to Use Agency TIP-Line: “If You See Something, Say Something”
Georgia DJJ TIP-Line Form

Conclusion:

Third-party reporting of sexual abuse and sexual harassment is accessible via multiple avenues and is readily made available to the public. Therefore, I believe the Georgia DJJ exceeds the requirements of this standard.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IX, A-C, Page 18 -Official Response Following a Youth Report: Staff and Agency Reporting Duties

Policy 8.5, Special Incident and Child Abuse Reporting

- Section I, Page 1 –Mandatory Reporting Duties
- Section VI. B, Pages 13-14 –Allegations of Child Abuse: Special Incident Report

PREA Accountability Statements

The Thomas J Loftiss RYDC requires immediate response and reporting of sexual abuse, sexual harassment, sexual misconduct and any retaliation. The Facility directs that staff having any suspicion of an incident of sexual abuse, sexual harassment or sexual misconduct or any knowledge of an incident in response to any allegation regarding sexual abuse, sexual harassment, sexual misconduct and retaliation report it immediately to their supervisor or the Director and complete the required documentation. Staff are also directed and required to comply with any applicable mandatory child abuse reporting laws.

Interviews

- Facility Director
- Facility Compliance Manager
- Random Sample of Staff
- Medical and Mental Health Staff

Conclusion:

The Georgia DJJ requires all staff, volunteers, interns, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health staff report all allegations of abuse or sexual harassment to designated supervisors. Allegations are documented by using the Special Incident Report (SIR).

Medical and mental health staff are required to inform the residents at the initiation of services of their duty to report and the limitations of confidentiality. 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. Interviews with medical and mental health staff and direct care staff confirmed they are knowledgeable of their mandatory duty to report, how to report, and whom to report to.

Upon receiving an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the Facility Director or designee will promptly report the allegation to the Georgia DJJ Office of Investigators. The Facility Director will also report the allegation to the alleged victims' parents or legal guardians, unless the Facility has official documentation showing the parents or legal guardians should not be notified. If a resident is under the guardianship of the Child Welfare System, the report shall be made to the alleged victims' case worker. If a juvenile court retains jurisdiction over the alleged victim, the Facility Director or designee shall report the allegation to the resident's attorney of record within 14 days of receiving the allegation. Interviews with the Facility Director and Facility PREA Compliance Manager confirmed allegations would promptly be referred to the Georgia DJJ Office of Investigations within a 2 hour time frame. The resident's parents or guardians, caseworker and attorney would be contacted accordingly.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IX. D&E, Pages 18-19 –Official Response Following a Youth Report: Agency Protection Duties

PREA Accountability Statement

The Thomas J Loftis RYDC, upon learning that a resident is subject to a substantial risk of imminent sexual abuse, takes immediate actions to protect the resident and the Facility will take action to assess appropriate protective measures. In the past 12 months, there were no residents subject to substantial risk of imminent sexual abuse.

Interviews

Agency Head Designee (Agency PREA Coordinator)

Facility Director

Random Sample of Staff

Conclusion:

The Facility 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 residents or staff. The Facility will employ multiple protection measures, including custody and housing changes, Special Management Plans, "No Contact Status," or transfers for resident victims or abusers.

Interviews with the Agency Head Designee (Agency PREA Coordinator), Facility Director, and direct contact staff confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Staff would be put on "No Contact Status" and housing changes or transfers may be required.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IX. D&E, Pages 18-19 –Official Response Following a Youth Report: Reporting to Other Confinement Facilities

PREA Accountability Statement

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Thomas J Loftiss RYDC Facility Director notifies the director of the sending facility or appropriate office where the sexual abuse is alleged to have occurred. The notification occurs within 72 hours. In the past 12 months, the Thomas J Loftiss RYDC received no allegations that a resident was abused while confined at another facility. In the past 12 months, the Thomas J Loftiss RYDC received no allegations of sexual abuse from other facilities that a resident reported sexual abuse while at the Thomas J Loftiss RYDC.

Interviews

Agency Head Designee (Agency PREA Coordinator)

Facility Director

Conclusion:

Upon receiving an allegation that a resident has been sexually abused or sexually harassed while confined at another facility, the Facility Director 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 Georgia DJJ Office of Investigations. The Facility will document that it has provided the required notification. Interviews with the Agency Head Designee (Agency PREA Coordinator) and Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to the Georgia DJJ Office of Investigations and the Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. There were no such allegations within the past 12 months.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M

- Section IX. G-I, Pages 19-20 -Official Response Following a Youth Report: First Responder Duties
- Attachment M –Sexual Abuse Coordinated Team Response

Policy 23.2, Sexual Assault and Attachment A

- Section III. C, Page 3
- Attachment A - Facility Coordinated Response to a Sexual Assault Incident

PREA Accountability Statements

The Thomas J Loftiss RYDC provided the following staff first responder information: In the past 12 months, there were six (6) allegations that a resident was or has been sexually abused. Of these allegations, two (2) times the first staff member to respond was a security officer. They separated the alleged victim and abuser. In the past 12 months, there were six (6) allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Of the allegations that a resident was sexually abused, in the past 12 months, four (4) times a non-security staff member was the first responder.

Interviews

Security Staff and Non-Security Staff First Responders

Random Sample of Staff

Residents who Reported a Sexual Abuse –None

Conclusion:

Georgia DJJ policy allows for a coordinated team response to a sexual assault incident. Staff actions include, separating the victim and perpetrator, obtaining basic information, preserving and protecting the crime scene for possible evidence collection by the Office of Investigations, and ensuring the victim and perpetrator not take any actions that would destroy physical evidence. Staff interviews of security staff and non-security staff confirmed staff know the correct steps to take when acting as first responders.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment M

- Section IX. J-N, Page 20 -Official Response Following a Youth Report: Coordinated Response
- Attachment M –Sexual Abuse Coordinated Team Response

Policy 23.2, Sexual Assault and Attachment A

- Section III. C, Page 3
- Attachment A - Facility Coordinated Response to a Sexual Assault Incident

Interview

Facility Director

Conclusion:

The Thomas J Loftiss RYDC Facility Director confirmed that the Facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, the Facility Coordinated Response to a Sexual Assault Incident. The plan coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. The written institutional plan was provided to the auditor prior to the on-site audit.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section IX. O, Page 20 -Official Response Following a Youth Report: Preservation to Ability to Protect Residents from Contact with Abusers

Interview

Agency Head Designee (Agency PREA Coordinator)

Conclusion:

The Agency Head Designee (Agency PREA Coordinator) confirmed the Georgia DJJ and the Loftiss RYDC do not enter into collective bargaining agreements.

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

- Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment L
- Section IX. O, Pages 20-21 -Official Response Following a Youth Report: Agency Protection Against Retaliation
 - Section IV. B. 2, page 4
 - Attachment L -PREA Retaliation Monitoring Sheet

Interviews

- Agency Head Designee (Agency PREA Coordinator)
 Facility Director
 Designated Staff Member Charged with Monitoring for Retaliation
 Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse –None
 Residents who Reported Sexual Abuse –None

Conclusion:

During interviews the with Agency Head Designee (Agency PREA Coordinator), Facility Director and Designated Staff Member Charged with Monitoring for Retaliation, the different protective measures that would be taken to protect residents or staff who report retaliation were discussed. After an allegation of sexual abuse or sexual harassment or cooperation with an investigation, staff must complete the PREA Retaliation Monitoring Sheet. An example of the PREA Retaliation Monitoring Sheet was provided to the auditor prior to the on-site visit. The example demonstrated the resident did not fear retaliation. There were no incidents of retaliation reported within the past 12 months.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

- Policy 23.1, Prison Rape Elimination Act (PREA)
- Section IX. Q, Page 21
- Policy 12.22, Special Management Planning
- Section I, Page 1
- Policy 8.7, Protective Custody
 Policy 8.5, Special Incidents and Child Abuse Reporting

- Section VII. C, Pages 19-20
- Policy 23.2, Sexual Assault
- Section III. G, Page 4

PREA Accountability Statement

The Thomas J Loftiss RYDC does not use segregated housing to protect residents who are alleged to have suffered sexual abuse.

Interviews

Facility Director

Medical and Mental Health Staff

Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) –None

Conclusion:

Interviews with the Facility Director and Medical and Mental Health Staff confirmed that no residents who have alleged to have suffered sexual abuse were placed in isolation or segregated housing, nor would they be. Housing changes may be made for the safety, security and wellbeing of an alleged victim. An alleged victim will not be housed in the same area as the alleged perpetrator.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section V. A, Page 9 –Office of Investigations
- Section X. A-E, Page 21 –Investigations: Criminal and Administrative Agency Investigations

Policy 8.5, Special Incident and Child Abuse Reporting

- Section VI. K&L, Pages 16-17

PREA Accountability Statement

The Thomas J Loftiss RYDC has had no substantiated allegations of conduct that appear to have been criminal that were referred for prosecution within the past 12 months.

Interviews

Investigative Staff

Residents who reported a Sexual a Sexual Abuse –None

Conclusion:

The Georgia DJJ Office of Investigation, PREA Unit conducts all PREA related administrative and criminal investigations. Agency policies are inclusive of all aspects of the standard. The interview with the PREA Investigator confirmed that he has received training through the NIC. Documentation of this training was provided prior to the on-site audit. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section X. F, Page 21 –Investigations: Evidentiary Standards for Administrative Investigations

Interview

Investigative Staff

Conclusion:

The Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the PREA investigator confirmed this policy.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment N

- Section X. G&H, Page 22 –Investigations: Reporting to Residents
- Attachment N - Resident Notification of Investigative Outcomes (examples provided)

PREA Accountability Statements

The Thomas J Loftiss RYDC informs residents, who make an allegation that he suffered sexual abuse in the facility, 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 there were six (6) administrative investigations of alleged resident sexual abuse that were completed by the facility. Of the investigations that were completed of alleged sexual abuse in the past 12 months, four (4) were unsubstantiated and the residents were notified in writing of the results of the investigations.

Interviews

Facility Director

Investigative Staff

Residents who Reported a Sexual Abuse –None

Conclusion:

Following and investigation the Georgia DJJ informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded. Interviews with the Facility Director and PREA Investigator confirmed this process. The four (4) notifications within the past 12 months were documented using the Resident Notification of Investigative Outcomes. All four examples were provided to the auditor prior to the on-site audit.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section XI. A-D, Page 22 –Discipline: Disciplinary Sanctions for Staff

PREA Accountability Statements

The Thomas J Loftiss RYDC has disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff violated agency sexual abuse or sexual harassment policies.

Conclusion:

Staff are subject to disciplinary sanctions up to and including termination and criminal prosecution for violating Georgia DJJ sexual abuse and sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All criminal violations of the sexual abuse and sexual harassment policies would be reported to the appropriate law enforcement agency and to any relevant licensing bodies.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section XI. E&F, Page 22 –Discipline: Corrective Action for Contractors and Volunteers

Policy 14.3, Citizen and Volunteer Involvement

PREA Accountability Statements

The Thomas J Loftiss RYDC 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. In the past 12 months no contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Interview

Facility Director

Conclusion:

The interview with the Facility Director confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents. All criminal violations of the sexual abuse of residents will be reported to the appropriate law enforcement agency and to any relevant licensing bodies.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section I., Page 1 –Zero-tolerance policy
- Section XI. G-I, Pages 22-23 –Discipline: Interventions and Disciplinary Sanctions for Residents

Policy 16.5, Disciplinary Reports and Hearings and Attachment B

- Attachment B -Rule Violations Grid

Policy 16.6, Services in Confinement and Attachment A

- Section III. D-I, Pages 3-5
- Attachment A –Confinement Checks Form

Interviews

Facility Director

Medical and Mental Health Staff

Conclusion:

The Georgia DJJ policies are inclusive of all aspects of the standard. Interventions after an administrative finding of resident-on-resident sexual abuse include: treatment, counseling, education programs, or disciplinary sanctions. The Facility prohibits disciplinary action for a resident report of sexual abuse made in good faith. There have been no administrative or criminal findings of resident-on resident sexual abuse at the Facility within the past 12 months and therefore no sanctions have been imposed.

The interview with the Facility Director confirmed a resident's mental health or mental illness would be considered in determining appropriate disciplinary sanctions. Mental Health Staff stated that counseling would be available for residents who have been determined to have committed resident-on resident sexual abuse. They confirmed that if a resident refuses to participate in counseling, they would not be denied access to education and other programming.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment F

- Section I., Page 1 –Zero-tolerance policy
- Section VII. K, Page 14 –Prior Sexual Victimization
- Section XII. A&B, Page 23 -Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse
- Attachment F –Consent to Disclose Protected & Confidential PREA Related Information

Policy 22.3, Internal Investigations

- Section III. R, Pages 6-7

Supporting Documentation

SIR Codes Guide –B6P: Sexual Abuse /Exploitation Occurring Off DJJ Property (Disclosed During Intake Screening)

Georgia DJJ Office of Victim Services Card

Prior Victimization Assessments

PREA Accountability Statements

Thomas J Loftiss RYDC residents 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. If a resident reports sexual victimization during intake screening the Facility has a follow-up meeting within 14 days. Prior Victimization is documented on the Mental Health Assessment. All assessments are completed within 72 hours of arrival to the facility. Two (2) residents disclosed prior victimization during intake screening and were offered a follow-up meeting with a mental health practitioner. No residents disclosed previously perpetrating sexual abuse within the past 12 months.

Interviews

Staff Responsible for Risk Screening

Medical and Mental Health Staff

Residents who Disclose Sexual Victimization at Risk Screening

Conclusion:

When a resident discloses prior sexual victimization during the intake screening, the resident is referred for medical and/or mental health services within 72 hours of the screening. If the screening indicates a resident has previously perpetrated sexual abuse, the resident will be offered a follow-up meeting with mental health services within 14 days of the intake screening. Two (2) residents disclosed prior victimization during intake screening within the past 12 months. Interviews with the two (2) Residents who Disclosed Sexual Victimization at Risk Screening confirmed they were given a mental health assessment within 72 hours and had a follow-up meeting for mental health services within the required time frame.

The interviews with the Medical and Mental Health Staff confirmed youth over the age of 18 are required to give informed consent before reporting prior victimization that did not occur in an institutional setting. Interviews with the Staff Responsible for Risk Screening and Medical and Medical and Mental Health Staff confirmed that information obtained during the intake screening is strictly limited and only used in informing security and management decisions about treatment plans, housing, bed, work, education, and programming assignments, or as otherwise required by Federal, State, or local law.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section XII. C, Page 23 –Medical and Mental Care: Access to Emergency Medical and Mental Health Services

Policy 2.10, Payment of Youth Medical Expenses

Supporting Documentation

Crumbley Counseling Services, LLC Contract

Global Diagnostics Contract (SANE Services)

PREA Accountability Statements

Thomas J Loftiss RYDC treatment services are provided to every victim without financial cost and regardless of whether the victim names that abuser or cooperates with any investigation arising out of the incident. There were no residents who received treatment for sexual abuse within the past 12 months.

Interviews

Medical and Mental Health Staff

Residents who Reported a Sexual Abuse –None

Conclusion:

Medical and Mental Health Staff confirmed no residents required emergency medical or mental health services within the past 12 months. The Facility Director would ensure victims of sexual abuse while confined would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims would also be offered sexually transmitted infections prophylaxis. Interviews with Medical and Mental Health Staff confirmed these services are available.

If a there is an allegation of sexual assault within a 72 hour time frame, the resident will be taken to the emergency room for a forensic examination and STD testing. In addition to the local hospital, the Georgia DJJ has a contract with Global Diagnostics for SANE services. A nurse would come to the Facility and do assessments on-site. Treatment services are provided to victims at no financial cost. The Georgia DJJ would be responsible for payment of medical and treatment expenses.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

- Section XII. D-F, Pages 23-24 -Medical and Mental Care: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Policy 22.3, Sexual Assault

- Section III. A. 4-8, Page 3

PREA Accountability Statement

The Thomas J Loftiss RYDC offers and/or ensures medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse.

Interviews

Medical and Mental Health Staff

Residents who Reported a Sexual Abuse -None

Conclusion:

The Facility Director confirmed no residents have required ongoing medical and mental health services for sexual abuse within the past 12 months. Georgia DJJ policies are inclusive of the requirements of the standard. Services provided include medical and mental health evaluations, treatment, follow-up services, and referrals for continued care. Medical and Mental Health Staff stated that the Facility level of medical and mental health services is consistent with the community level of care.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachments J&M

- Section XIII. A, Page 24 –Sexual Abuse Incident Reviews
- Attachment J –Sexual Abuse Incident Review Team Meeting Minutes
- Attachment M –Sexual Abuse Coordinated Team Response

Supporting Documentation

Sexual Abuse Incident Review Team Meeting Minutes (examples)

PREA Accountability Statements

The Thomas J Loftiss RYDC conducted Sexual Abuse Incident Reviews of the Conclusion of Investigation as required. There were three (3) sexual abuse incident reviews conducted within the past 12 months.

Interviews

Facility Director

Facility PREA Compliance Manager

Incident Review Team

Conclusion:

The Facility Director confirmed there were three (3) sexual abuse incident reviews conducted within the past 12 months. The reviews were documented with the Sexual Abuse Incident Review Team Meeting Minutes form. Incident reviews are conducted 10 days after the conclusion of every investigation of an incident unless determined to be unfounded. The PREA Incident Review Team includes upper-level facility management staff, with input from line supervisors, investigators, and medical and mental health practitioners.

The review team considers the need for policy changes, motivating factors, and group dynamics; examines the area where the incident occurred; assesses blind spots, staffing levels, and monitoring technology; and prepares a report of its findings using the Sexual Abuse Incident Review Team Meeting Minutes form. The interview with the PREA Compliance Manager confirmed he reviews all Sexual Abuse Incident Review Team Meeting Minutes and Incident Review Team interviews confirmed incident reviews are conducted according to Georgia DJJ policy and standard requirements.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment K

- Section XIII. B. 1, Page 24 –Data Collection
- Attachment K –Requirements of a PREA Case

Policy 8.5 –Special Incident and Child Abuse Reporting

- Section I, Page 1
- Attachment A –Special Incident Report (SIR)

Supporting Documentation

PREA COMSTAT Allegations Report

Georgia DJJ 2014 Annual PREA Report

2014 Survey of Sexual Victimization, State Juvenile Systems Summary Form

Conclusion:

The Georgia DJJ collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the Special Incident Report (SIR). The Agency completes a PREA Report and the Survey of Sexual Victimization, State Juvenile Systems Summary Form annually, as required by the U.S. Department of Justice.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)

Section XIII. B. 2&3, Pages 24-25, Data Review for Corrective Action

Supporting Documentation

Georgia DJJ 2014 Annual PREA Report

Conclusion:

The Georgia DJJ Agency PREA Coordinator reviews, analyzes, and uses all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the Agency’s sexual abuse prevention, detection, response policies, practices, and training. The Annual PREA Report is linked to the Georgia DJJ website to provide PREA information to the public.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement 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 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.

The following was considered in determining compliance with the standard:

Policies

Policy 23.1, Prison Rape Elimination Act (PREA)
Section XIII. B. 4&5, Page 25, Data Storage, Publication and Destruction

Supporting Documentation

PREA COMSTAT Allegations Report
Georgia DJJ 2014 Annual PREA Report

PREA Accountability Statement

The Thomas J Loftiss RYDC will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local laws require otherwise or in accordance with DJJ Policy 5.1, Records Management. In addition to the required 10 years, the Facility will maintain data on all staff, contractors, volunteers, and interns for an additional five years after the staff, contractors, volunteers, or interns no longer work for or are involved with the facility.

Conclusion:

The Georgia DJJ securely retains sexual abuse data for 10 years after the date of initial collection. Additionally, the Agency maintains all data on all staff, contractors, volunteers, and/or interns who have sexually abused or sexually harassed a resident for an additional five years after they no longer work for or are involved with the Agency. The Agency PREA Coordinator submits an Annual PREA Report for publication on the Agency's website. All personal identifiers are redacted.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert B. Latham

April 12, 2016

Auditor Signature

Date