

PREA AUDIT REPORT **INTERIM** **FINAL**
JUVENILE FACILITIES

Date of report: 02/18/2016

Auditor Information			
Auditor name: Jeff Rogers			
Address: P.O. Box 1628, Frankfort, Ky. 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: 02/10-11/2016			
Facility Information			
Facility name: Martha K. Glaze Regional Youth Detention Center			
Facility physical address: 11850 Hasting Bridge Road, Hampton, Georgia 30228			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 770-473-2100			
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: Courtney Maddox			
Number of staff assigned to the facility in the last 12 months: 123			
Designed facility capacity: 70			
Current population of facility: 56			
Facility security levels/inmate custody levels: minimum to maximum			
Age range of the population: 11-21			
Name of PREA Compliance Manager: Herman Oglesby, Jr.		Title: Assistant Director/PREA Coordinatorr	
Email address: hermanoglesby@djj.state.ga.us		Telephone number: 770-473-2100	
Agency Information			
Name of agency: Georgia Department of Juvenile Justice			
Governing authority or parent agency: <i>(if applicable)</i> same			
Physical address: 3408 Covington Highway, Decatur, Georgia 30032			
Mailing address: <i>(if different from above)</i> same			
Telephone number: 404-508-6500			
Agency Chief Executive Officer			
Name: Avery D. Miles		Title: Commissioner	
Email address:		Telephone number: 404-508-6500	
Agency-Wide PREA Coordinator			
Name: Adam Barnett		Title: Agency PREA Program Coordinator	
Email address:		Telephone number: 404-683-6844	

AUDIT FINDINGS

NARRATIVE

The Martha K. Glaze Regional Youth Detention Center (MKGRYDC) had its on-site PREA review February 10-11, 2016. Prior to the on-site review, the auditor was sent a thumb drive containing all necessary documents including policies, procedures, and other documents verifying compliance with the PREA Standards. The auditor arrived at the facility at 2:15 p.m. on February 10, 2016 and exited the facility at 7:45 p.m. that night. The following day the audit resumed at 9:00 a.m. and concluded by 3:00 p.m. Several interviews took place at the motel the morning of February 10, 2016. The interviews at the hotel included the Agency Head interview, PREA Coordinator interview, the Investigator interview and the Georgia Network to End Sexual Assault interview.

Upon arrival on the afternoon of February 10, 2016 introductions were made with the facility's Director and her management team and a tour of the facility was conducted, with select members of the management team present for the tour including the Director. Once the tour was complete, the PREA Auditor, the Agency PREA Coordinator and his assistant as well as the Facility PREA Compliance Manager met and determined who needed to be interviewed. Once determined the auditor was moved into a small conference room and all interviews took place at this location. The PREA Coordinator/Assistant Director insured that staff and residents were available for interviews. This process went very smoothly with little time between interviews. Because the facility security staff work twelve hour shifts, random staff interviews (five) occurred on the second shift which begins at 6:00 p.m. A total of 35 interviews were conducted during this audit using the approved questionnaires provided by PREA/DOJ (Department of Justice). The following is the list of interviews conducted at Martha K. Glaze RYDC:

- Agency Head designee 1
- Facility Director 1
- Agency PREA Coordinator 1
- Facility PREA Compliance Manager 1
- Contract Administrator 1
- Medical/Mental Health Staff 4
- Intermediate and Higher Level staff 1
- Human Resources Staff 1
- Investigative staff 1
- Staff that Perform Risk Screenings for Risk of Sexual Abusiveness 1
- Incident Review Team 1
- Designated Staff Who Monitor Retaliation 1
- Intake staff 1
- Random Staff 10
- Random Residents 9
- Unannounced Rounds 1

There were some categories of questionnaires that did not have any relevance during this audit because of the characteristics of the population and staffing plan i.e. no one had acted as a first responder or no resident present at the facility had claimed prior sexual victimization.

The facility was well prepared for this audit. Residents and staff alike were knowledgeable of PREA requirements

There had been a total of two (2) allegations alleging sexual abuse or harassment. None were determined to be substantiated. Both were either unfounded or not substantiated, thus there were no criminal investigations only administrative investigations.

It should be noted that the Agency PREA Coordinator acted as the agency head for purposes of the interview with the agency head.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Martha K. Glaze Regional Youth Detention Center is located at 11850 Hasting Bridge Road in Hampton, Georgia. It is one of 27 juvenile centers operated by the state of Georgia's Department of Juvenile Justice. It had in previous years been called the Clayton RYDC but was renamed to honor Judge Martha K. Glaze from Clayton County Juvenile Court. The facility receives youth from five (5) counties; Clayton, Spalding, Heard, Coweta and Griffin Counties. There are two buildings that comprise the RYDC, one being a maintenance building and the other building housing all other functions at the facility. It is surrounded by a fence with razor ribbon at the top of the fence. The building is constructed of steel, concrete, and block. The facility is located in Clayton County and is in a rural setting but close to a small town and residential neighborhoods.

There has been 616 youth admitted to the facility in the previous 12 months. 132 of those residents remained longer than 30 days. The average length of stay is 24 days. There are three housing units at the facility. Each cell/room is a single occupancy room with a toilet and wash basin. Showers are located on each housing unit as well as a day room. A newer transition housing unit is being utilized for those residents who have been there longer than 24 days. Some residents in this unit have either completed high school, or earned their GED. The transition housing unit is unique to juvenile detention centers nationally and could become a potential national model. The interior of the facility is in excellent repair. In addition to the housing units there is a gymnasium, classrooms, kitchen/dining room, staff offices, and a lobby where all pedestrians enter the facility. There is an Intake Area in the facility where youth are processed. There is an outside recreation area as well. Youth reported the food was good and three snacks offered each day. All residents asked, reported feeling safe at the facility. The facility had a "good feel" to it. (Caring staff with positive outlooks are the norm at the facility).

The facility offers programs for residents such as arts and crafts, counseling and recreation.

The school at Martha K. Glaze is a part of School District 181. This district is made up of all of the 27 facilities operated by the Georgia DJJ. The school district follows the same core curriculum as all public schools in Georgia. In addition to high school classes, the GED program is offered. The residents reported liking the school. Smart board technology is in place in each classroom.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 4

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

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.

Policy #23.1 titled PREA pages 1-26
DJJ Organization Chart
Facility Organization Chart

The Georgia Department of Juvenile Justice has a zero tolerance policy toward sexual abuse. The policy includes the language that covers all aspects of the Prison Rape Elimination Act. Each Georgia DJJ facility follows this policy. The agency employs a full time Statewide PREA Coordinator who oversees the PREA process in the Georgia Department of Juvenile Justice. He is assisted by one part-time staff (29 hours a week). Each facility (27 total) under the Department's oversight have a PREA Compliance Manager including Martha K. Glaze RYDC. The PREA Compliance Manager said it takes much of his time (he is also an Assistant Director) to manage the PREA process. He said he receives assistance from other MKG staff in order to complete his required tasks for PREA. It would be advantageous for the facility to appoint a staff person to assist the PREA Compliance Manager at least on a part-time basis.

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)

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Policy 23.1 titled PREA page 5 (c) and page 26 A-H
Contracts with Youth Services International for Crisp and Milan YDC

The Georgia DJJ has in all nine of its contracts for housing residents the necessary PREA Language as required by the regulation.

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)

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Policy 23.1 titled PREA pages 5-6 D-I
Video Monitoring Schedule
Staffing Report
Staff Ratio Report
Unannounced Rounds Reports

The facility has had an average daily population of 49 in the past 12 months. It has a bed capacity of 70. A Staffing analysis was conducted to ensure adequate staffing levels of 1:8 for Daytime hours and 1:16 staffing ratios for Nighttime hours. Unannounced rounds are conducted regularly by upper level staff and are recorded. There has been no staffing ratio deviations in the last 12 months. If a person fails to show for a shift, the person assigned to that shift must stay over and work the shift until another relief staff can be found. Staff also monitor video surveillance screens in the control center and these videos are also randomly checked. These videos can be saved for a period of approximately three (3) months for investigative purposes.

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)

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DJJ Policy 23.1 titled PREA page 6 J-N
Accountability Statement
Moss Group Training Curriculum titled "Limits to Cross Gender Viewing and Searches"
Staff Training Record Examples

The facility has trained some of its female staff in conducting cross gender pat down searches. Policy dictates that only in exigent circumstances can a trained female staff conduct a pat down search of a male. Interviews with female staff that had been trained said they had never been in a situation requiring a pat down search of a male resident. In all staff interviews all said they were aware of the policy not allowing non-medical staff to conduct a search of a transgender or intersex resident for purposes of determining that persons genital status. Interviews with residents confirmed that they are not viewed by members of the opposite gender while showering or in a stage of undress or when using the toilet. The residents also confirmed that female staff announce their presence when entering the housing unit. Random staff interviews also revealed that staff announce their presence when entering a male housing unit and that they did not observe residents in toilet or bedroom areas.

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.

Policy 23.1 titled PREA pages 6-7 Q-T
Policy 13.32 titled Special Education Records pages 1-13

Policy 15.10 titled Language Assistance pages 1-12
Special Education Teacher's Certificates
Memo to Staff- Language Line Solutions
Statement of non-occurrence

The facility has in place various ways for residents with disabilities to receive the required information and services related to PREA. This includes special education teachers for those students with learning disabilities. If a blind or hard of hearing resident is housed at the facility services can be arranged for that resident to be included in PREA related information and services. There were no residents meeting this criteria housed at the facility during the 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.

Policy 23.1 titled PREA pages 7-8 U-DD
Policy 3.52 titled Background Investigations pages 1-11
Accountability Statement of all staff having completed background checks
Staff PREA Employment Questionnaire
Staff Criminal History Clearance Checks
Five Year Check examples

The Human Resources staff member interviewed indicated that criminal background and other sex registry checks are conducted by the Georgia DJJ Personnel Office. She also said staff have a continuing responsibility to disclose any such misconduct. All staff, volunteers and contractors must pass various background and sex registry checks before being allowed around residents. An accountability statement from the facility Director verified that all background and sex registry checks had been completed which is a requirement for employment. Potential staff must also complete a PREA Questionnaire that asks about any past occurrences of sexual abuse or harassment that the person may have been involved in.

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)

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Policy 23.1 titled PREA page 8 EE-FF
DJJ Facility Opening Synchronization Matrix page 3
CCTV (video monitoring) Schedule for Upgrades
Accountability Statement

There are 38 cameras in place throughout the facility. More cameras (another 38) are planned in the very near future as well. There are video surveillance monitoring screens located in the central control room. These are observed by control room staff and can be saved for approximately three months for

investigation purposes. An extensive study was conducted throughout the Georgia DJJ facilities to ascertain how many more cameras were needed. The study also looked a replacing solid doors, and reviewing blind spots in general. There have been no renovations or facility upgrades since 2012 at the facility. According to the PREA Coordinator, PREA requirements are considered if any new facility is being planned or if there is a renovation needed.

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.

Policy 23.1 titled PREA pages 9-10 A-K
Policy 23.2 titled Sexual Assaults pages 1-4
Policy 8.42 titled Crime Scene Preservation pages 1-13
GBI Property and Evidence Guidelines
Policy 11.15 titled Emergency Medical Services pages 1-4
Hospital Contract Information Statement
SANE Nurse Contract with Global Diagnostic Services, Inc.
Policy 2.10 titled Payment of Youth Medical Expenses pages 1-4
Memo relating to the Georgia Network To End Sexual Assault
Names of Sexual Assault Advocacy Groups Providing Services to DJJ Youth (29 Rape Crisis Centers which supports local MOUs)

The facility does not conduct forensic medical examinations. These are either performed at a rape crises center with medical facilities or at the local hospital. The Georgia DJJ has an agreement with various rape crises/advocacy centers throughout the state to provide services to residents should the need arise. For residents at Martha K. Glaze the Northside Psychological Services, Inc. would provide these services. The state of Georgia has an organization titled Georgia Network to End Sexual Assault. This organization is made up of all 29 rape crises centers statewide. If a resident calls the rape crises hotline it will go to the nearest 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 center eventually contacting all 29 statewide centers if necessary. A contract exists with Global Diagnostic Services, Inc. to conduct SANE/SAFE Services. There also exists within the Georgia DJJ an office of victim services who can provide advocacy services for incarcerated residents. The Georgia DJJ does an excellent job of providing PREA related services to it's 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.

Policy 23.1 titled PREA page 10 L-M
Policy 8.5 titled Special Incident and Child Abuse Reporting pages 1-23
Policy 22.3 titled Internal Investigations pages 1-7

The DJJ Office of Investigations conducts all investigations within DJJ facilities including PREA investigations. There are 22 trained investigators and five of those are specifically assigned to PREA (one is a supervisor). All investigators are sworn police officers. All investigators have been trained in the PREA requirements including the training for investigators by the NIC (National Institute of Corrections Curriculum). There are policies and procedures covering the conduct of all investigations. If an allegation is substantiated and is criminal, the investigator turns the case over to the local prosecutor. The Office of Victim Services informs residents of the outcome of investigations. There has not been any substantiated PREA allegations substantiated at Martha K. Glaze RYDC. There was a total of two (2) allegations received. The Director of the facility is responsible for maintaining contact with investigators of the progress of any such investigations.

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.

Policy 23.1 titled PREA page 10 A-B
Training Curriculum
Examples of Training Records both Initial and Refresher Training
Accountability Statement that all employees have been trained

The Agency and facility provide training and information to all staff related to PREA. Interviews with random staff indicated their understanding of PREA. The facility director also confirmed that all staff have been trained and some retrained (refresher training every two years) in PREA. PREA is also discussed at meetings throughout the course of the year.

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.

Policy 23.1 titled PREA page 11 C-F
Criminal History Clearances for Volunteers and Contractors
Policy 14.3 titled Citizen and Volunteer Involvement pages 1-11
Examples of Volunteers/Interns/and Contractors PREA Training Acknowledgment Statements

The Agency and facility provide training and information to all volunteers and contractors related to PREA. There are 18 volunteers and four (4) contractors who have all been trained in the PREA Requirement. There is a signed acknowledgment by all volunteers and contractors who have been trained.

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)

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Policy 23.1 titled PREA pages 11-12 G-K
 Policy 13.32 titled Special Education Services pages 1-3
 Various Student PREA Posters in English and Spanish
 Male/Female Posters in English and Spanish
 PREA Training Curriculum for Residents
 Resident Training Acknowledgment Examples
 Resident Education Booklets/brochures for male and female residents
 Policy 23.1 titled PREA page 11 C-F
 Criminal History Clearances for Volunteers and Contractors
 Policy 14.3 titled Citizen and Volunteer Involvement pages 1-11
 Examples of Volunteers/Interns/and Contractors PREA Training Acknowledgment Statements

Residents acknowledged receiving PREA related information and viewed a PREA video during the intake process. Each resident signs off acknowledging receipt of this training and resident interviews confirmed their awareness of PREA. The facility has posters throughout the facility in both English and Spanish. There are also posters showing the various telephone numbers and addresses of rape crises centers about who to contact in the event of a situation involving sexual abuse or harassment. The agency/facility also provide age appropriate reading materials to residents for dealing with sexual abuse and harassment. These are also available in Spanish and English. PREA is also discussed during group meetings. The facility also has a PREA Group that meets regularly exceeding 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)

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Policy 23.1 titled PREA page 12 L-M
 NIC Training Acknowledgment Forms and Certificates
 GBI Training Protocol

All DJJ Office of Investigation Investigators have received the required PREA training from both NIC and Georgia Bureau of Investigation. Each has signed an acknowledgement statement indicating receiving this training. This training also includes the proper use of Miranda and Garrity Warnings.

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)

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Policy 23.1 titled PREA page 12 N-O
NIC Training Certificates for Medical and Mental Health Staff
Acknowledgment Statement that all Medical and Mental Health Staff Have Been Trained
Training Curriculum

All medical and mental health staff at the facility have been trained in PREA and specifically training for Medical and Mental Health Staff by the NIC. Each of the four medical and mental health staff interviewed confirmed receiving this training during interviews. These staff also signed acknowledgement forms showing receipt of this training.

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)

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Policy 23.1 titled PREA pages 12-14 A-L
Policy 17.3 titled Custody and Housing Assignment pages 1-5
PREA Screening Form Examples
Acknowledgment Statement that all Youth Have Been Screened

Residents are screened no later than 72 hours after entering the facility. The screening form has a variety of questions and check offs to indicate answers. Once the various screenings (medical, mental health) have been conducted the PREA Compliance Manager receives the information and it is shared only with those needing to know. The initial information is obtained by the Intake Officer on the first day of intake and then shared with medical and mental health staff, who then conduct the necessary assessments.

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)

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Policy 23.1 titled PREA pages 14-15 M-P
Policy 16.6 titled Services in Confinement pages 1-8
Confinement Checks Form

The risk assessment is only shared with those staff on a need to know basis. DJJ does not use separate housing units or wings to house residents meeting the criteria of this standard (LGBTI residents). The DJJ does not utilize segregated or restrictive housing for LGBTI residents. Each transgender or intersex resident would be allowed to have a say in their placement and programming decisions and would be able to shower alone. Resident status is reviewed at least every 30 days or more often should a need arise.

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)

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Policy 23.1 titled PREA pages 15-17 A-H
Policy 15.2 titled Grievance Process pages 1-7
Policy 17.1 titled Admission to Secure Facility pages 1-4
List of Consular and Trade Office for Foreign Nationals
PREA Accountability Statement
Posters for Making Youth Aware of How to Report Abuse
DJJ Website for Reporting Abuse related to youth in Confinement

The DJJ and facility provide numerous ways to report a PREA incident within the agency as well as outside the agency. There are posters throughout the facility with multiple telephone numbers and addresses for residents to report any abuse or harassment. The residents are also given handbooks with PREA reporting methods and brochures are given to them on intake. The process of a resident reporting through the local rape crises centers is excellent. If a phone number of one the rape crises centers is called and no one answers it keeps calling every (29) rape crises center until it is answered thus ensuring an immediate response. There is also an agency tip line available to parents or friends to call in a report of sexual abuse in a facility. A resident can also contact the ombudsman or tell any staff member as well as parents and friends. The national PREA hotline can also be called by residents. If a non-English speaking resident is admitted, there is a list on the wall in the intake area of various languages so that resident could identify the language he speaks. There have been no foreign nationals being admitted to the facility but foreign consular telephone numbers and addresses are provided if needed.

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)

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Policy 23.1 titled PREA page 17 I-M
Policy 15.2 titled Grievance Process pages 1-7
PREA Accountability Statement

The facility meets the requirements of this standard and emergency grievances can be filed without any time frame requirement. There has not been any instances when this has occurred.

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)

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Policy 23.1 titled PREA page 17 N-P
Policy 15.3 titled Access to Counsel/Courts pages 1-5
Policy 15.5 titled Youth Visitation pages 1-7
Policy 15.6 titled Youth Access to Mail pages 1-5
Resident Outside Services Provider Posters
Break the Silence PREA Posters and Telephone Numbers of Outside Service Providers

The DJJ has entered into agreements with various rape crises and advocacy centers throughout Georgia. The Georgia Network to End Sexual Assault is composed of 29 centers throughout the state. An interview was conducted with the Director of the Georgia Network. She confirmed the arrangement of their office and how the network is established to operate. To date there has not been referrals (which is a good thing). Should the need arise the various centers throughout the state are ready to respond. Residents reported being aware of the telephone numbers and addresses of these centers and how to access them.

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.

Policy 23.1 titled PREA page 18 Q-R
DJJ Tip Line on DJJ Website

The DJJ has established a toll free number for third party reporting. It is located on the DJJ Website and the number is also located in the lobby area of its facilities.

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.

Policy 23.1 titled PREA page 18 A-C

Policy 8.5 titled Special Incident and Child Abuse Reporting pages 13-18

All DJJ staff including medical and mental health are required to report any knowledge or suspicion of a resident who may have or was sexually assaulted harassed, or retaliated against for reporting abuse. Staff are also required to report these events if they know a staff was negligent in their duties or responsibilities that may have led to a sexual abuse or harassment event. Staff interviewed acknowledged being aware of these requirements. All staff interviewed including medical and mental health staff were aware of who to report any abuse or harassment. All allegations are reported to the DJJ Office of Investigations immediately. If a resident is under the guardianship of the court, the resident's attorney of record or other legal representative is notified. If the resident is under the authority of the Child Welfare System (Department of Family and Children) the resident's case worker is notified within the required time frames but usually within the first 24 hours after an allegation.

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.

Policy 23.1 titled PREA pages 18-19 D-E

Accountability Statement

Policy directs staff on how to respond to an imminent risk of sexual abuse of a resident. Staff interviewed were knowledgeable about what to do in case of such an event. To date there has not been such a threat against a resident. The agency has a first responder checklist that outlines the measures staff must take should such an occurrence arise.

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.

Policy 23.1 titled PREA Page 19 F

Accountability Statement

The agency policy meets the requirement of this standard. The Facility Director said if she received a report of sexual abuse that occurred at Martha K. Glaze RYDC after the resident was released from Martha K. Glaze, she would contact the Office of Investigation immediately. There has not been an occurrence at Martha K. Glaze according to the Facility Director.

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.

Policy 23.1 titled PREA pages 19-20 G-I
Policy 23.2 titled Sexual Assault pages 1-4 and Attachment A
First Responder Checklist of Things to Do
Accountability Statement

To date there has not been a situation where a staff member has had to utilize the first responder checklist. (no abuse was observed by staff requiring the first responder duties to come into effect). However, staff said in interviews they knew what to do. There is a checklist of first responder duties that outline the various steps in the process. Because of the infrequency of these events (a good thing) the auditor would recommend having first responder duties printed on laminated pocket cards provided to staff. These could be carried in a staff's pocket or attached to their state issued identification card holder.

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.

Policy 23.1 titled PREA page 20 J-N and Attachment M- Sexual Abuse Coordinated Team Response Form
Policy 23.2 titled Sexual Assault pages 1-4

The agency/facility policy outlines the measures taken for coordination of a response to a sexual abuse allegation. Interviews with staff varified the process would be put into place should a situation arise.

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.

Policy 23.1 titled PREA page 20 (O)
Not Applicable

There is no collective bargaining units located in the DJJ, thus this standard is NOT APPLICABLE..

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.

Policy 23.1 pages 20-21 P and page 4 B.2. F. Attachment L PREA Retaliation Monitoring Form
Accountability Statement

The facility has a form that monitors steps taken (if necessary) when dealing with a retaliation situation. This form would be used by the PREA Compliance Manager. According to the interview with the Compliance Manager she would monitor the situation for however long the situation is prevelant whether its 90 days or longer. Residents can be moved to another room or housing unit or transferred to another facility should the siutation present itself. For staff retaliation that staff could be moved to another living unit, desk assignemnt, or transferred to another facility. Of course if found guilty of a situation of abuse toward a resident, that staff would be fired and charges brought.

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.

Policy 23.1 titled PREA page 21 Q
Policy 8.7 Protective Custody
Policy 12.22 titled Special Management Planning page 1 section 1
Policy 8.5 titled Special Incident and Child Abuse Reporting pages 19-20 C
Policy 23.2 titled Sexual Assault page 4 G
Accountability Statement (to not use Protective Custody for PREA)

The agency and facility do not utilize protective custody for any resident who may have suffered from a sexual abuse or harassment situation. If a situation arises where a resident cannot be placed in general population for his own protection then as a last resort a restrictive housing bed could be utilized until a more suitable less restrictive arrangement can be made for the resident who fears for his own safety.

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.

Policy 23.1 titled PREA page 21 A-E
Policy 8.5 titled Special Investigations
Policy 23.3 titled Internal Investigations section I
Examples of investigations completed

The Georgia DJJ Office of Investigations conducts all investigations within DJJ facilities including PREA investigations. There are 22 trained investigators and five of those are specifically assigned to PREA (one is a supervisor). All investigators are sworn police officers. All investigators have been trained in the PREA requirements including the training for investigators by the NIC (National Institute of Corrections). There are policies and procedures covering the conduct of all investigations. If an allegation is substantiated and is criminal in nature the investigator turns the case over to the local prosecutor. The Office of Victim Services informs residents of the outcome of investigations. There has not been any substantiated PREA allegations at Martha K. Glaze RYDC. There was a total of two (2) allegations received. The Director of the facility is responsible for maintaining contact with investigators of the progress of any such investigations. Every allegation is investigated and a report of the investigator’s findings are completed and retrained according to the standard requirement.

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.

Policy 23.1 title PREA page 21 F

The agency policy cites a preponderance of the evidence as the basis for determining whether allegations are founded.

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.

Policy 23.1 titled PREA page 22 G & H and Attachment I titled Resident Notification of Investigative Outcome
Policy 14.10 titled Victims Rights, Services and Notifications pages 7-8 1-6
Accountability Statement.

The agency and facility policy meets the requirement of this standard. The DJJ Office of Victim Services keeps the resident informed of decisions made regarding an allegation filed by the resident.

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.

Policy 23.1 titled PREA Page 22 A-D
Accountability Statement

The agencies policies outline the disciplinary action taken against a staff member when an allegation is substantiated. The guilty staff member would be terminated from his/her job and if the substantiation is confirmed criminal charges will be brought against the staff member. There are no occurrences of this occurring at the facility.

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.

Policy 23.1 titled PREA page 22 E & F
Policy 14.3 Citizen and Contractor Involvement pages 1-11
Accountability Statement

The agencies policies outline the disciplinary actions taken against a volunteer or contractor when an allegation is substantiated. The guilty volunteer or contractor would be terminated from his/her duties at the facility and if the substantiation is confirmed criminal charges will be brought against the volunteer or contractor. There has been no disciplinary actions taken against a volunteer or contractor.

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.

Policy 23.1 titled PREA page 23 G-I
Policy 16.5 titled Disciplinary Reports and Hearings pages 1-11 and Attachment B titled Rules Violation Grid
Policy 16.6 titled Services in Confinement pages 3-5 D-I and Attachment A
Examples of Resident Confinement Check Forms
Accountability Statement

The agency/facility have the policies and disciplinary processes that meet this standard. There have been no occurrences of a resident engaging in a sexual activity with another resident or staff member. Counseling may be provided to the perpetrator of a sexual assault as well as to the victim. Policy prohibits sexual activity between residents.

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.

Policy 23.1 titled PREA page 23 A & B and Attachment F titled Consent to Disclose PREA Related Information
Policy 22.3 titled Internal Investigations pages 6-7 R
Accountability Statement

After a resident has been admitted and during the intake process, a medical and mental health assessment is conducted. If a resident has previously been a victim or a perpetrator of sexual abuse a follow-up meeting with mental health staff is offered within 14 days or as the mental health staff interviewed said, as soon as possible. Medical and mental health staff obtain Informed consent from the resident's legal guardian or if over 18 from the resident.

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.

Policy 23.1 titled PREA page 23 C
 Policy 2.10 titled Payment of Youth Medical Expenses
 Special Incident Report examples
 Medical Body Sheets examples
 Mental Health Evaluation examples

Emergency medical and mental health services are provided at either the local hospital or a qualified mental health facility should the need arise. Any services provided will be at no cost to the juvenile or his family. If there are no medical or mental health staff on duty at the facility, a first responder shall provide whatever care he/she can until a medical or mental health staff can be contacted and arrive at the facility.

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.

Policy 23.1 titled PREA pages 23-24 D-F
 Policy 23.2 titled Sexual Assault pages 1-4
 Accountability Statement

Ongoing medical and mental health treatment is offered to any victim of sexual abuse through the facility's own medical or mental health staff or at a local medical facility. The medical and mental health staff interviewed indicated that residents are offered evaluation services and any follow up treatment necessary. Medical and mental health staff also are involved in treatment planning and housing decisions. If necessary a victim could be transferred to another facility for ongoing 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.

Policy 23.1 titled PREA page 24 A and Attachment M titled Sexual Assault Coordinated Team Response Form
Sexual Abuse Team Meeting Minutes
Accountability Statement

After an investigation has been completed and found to be substantiated a review team is convened and a review is conducted by a team of staff made up of the Facility Director, PREA Compliance Manager, Mental Health and Medical staff as well as other upper level staff and other staff if deemed necessary. The agency has a form attached to its PREA policy titled Attachment J that outlines all of the factors to be considered in its review. These factors are contained in this standard. To date there has not been a substantiated allegation to review but non the less all allegations are reviewed.

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.

Policy 23.1 titled PREA page 24 B and Attachment K titled Requirements of a PREA Case
Policy 8.5 titled Special Incident and Child Abuse Reporting page 1 section 1 and Attachment A titled Incident Report Form
PREA Reports for 2013 and 2014 comparing Data
2014 Survey of Sexual Victimization
2014 PREA Annual Report
Examples of Special Incident Reports

The agency collects sexual abuse and harassment data from all of its facilities including contract facilities on an ongoing basis. At least annually the data is aggregated and reviewed. The agency and facility participate in the Annual DOJ Survey of Sexual Violence.

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.

Policy 23.1 titled PREA pages 24-25 # 2 & 3
2014 Annual Report
DJJ Website showing location of annual report

The agency completes an annual report of the data findings from each facility each year. This data is reviewed to determine if changes in policy, procedure or practices are needed. The annual report is reviewed and approved by the DJJ Commissioner and Deputy Commissioner. This report is made available on the Georgia DJJ website.

Standard 115.389 Data storage, publication, and destruction

PREA Audit Report

- 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.

Policy 23.1 titled PREA page 25 # 4 & 5
 2014 Annual PREA Report
 2014 COMSTAT Report

The agency publishes an annual report and places it on its website. There is no personally identifiable information contained in the report. The data used to complete this report is maintained for (ten) 10 years.

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.

Jeff Rogers

02/18/2016

Auditor Signature

Date