

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: April 16, 2017

Auditor Information			
Auditor name: Robert Burns Latham			
Address: 677 Idlewild Circle, Birmingham, Alabama 35205			
Email: robertblatham@icloud.com			
Telephone number: 205-746-1905			
Date of facility visit: February 27-28, 2017			
Facility Information			
Facility name: Crisp Regional Youth Detention Center			
Facility physical address: 130 Haralson Road, Cordele, Georgia 31015			
Facility mailing address: <i>(if different from above)</i> same as above			
Facility telephone number: 229-271-4904			
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: Curtis Mathis			
Number of staff assigned to the facility in the last 12 months: 46			
Designed facility capacity: 48			
Current population of facility: 43			
Facility security levels/inmate custody levels: Secured			
Age range of the population: 10-18			
Name of PREA Compliance Manager: Lisa Mann		Title: Lieutenant / PREA Compliance Manager	
Email address: lisamann@djj.state.ga.us		Telephone number: 229-271-4900	
Agency Information			
Name of agency: Georgia Department of Juvenile Justice			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3408 Covington Highway, Decatur, Georgia, 30032			
Mailing address: <i>(if different from above)</i> same as above			
Telephone number: 404-508-6500			
Agency Chief Executive Officer			
Name: Avery D. Niles		Title: Commissioner	
Email address: averyniles@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: adambarnett@djj.state.ga.us		Telephone number: 404-683-6844	

AUDIT FINDINGS

NARRATIVE

On February 27-28, 2017, an on-site PREA audit was held at the Georgia Department of Juvenile Justice (DJJ) Crisp Regional Youth Detention Center (RYDC).

Prior to the on-site audit, the auditor reviewed all documentation sent in advance on a USB flash drive. The documentation was arranged by standard number and exceptionally well organized. All items required by the PREA Pre-Audit Questionnaire were uploaded including:

- Georgia Department of Juvenile Justice (DJJ) Agency mission statement
- Crisp RYDC mission statement
- Facility population reports for the 1st, 10th and 20th day of the month for the previous twelve months
- Crisp RYDC Facility schematic

Well in advance of six weeks prior to the on-site audit the Facility posted the audit notices. The Facility emailed the auditor pictures of the notices verifying they were posted in all areas of the Facility accessible by residents, staff and visitors.

Following the entrance meeting with the Agency PREA Coordinator, Facility Director, Facility PREA Compliance Manager and other Facility staff, a tour of the Facility was conducted. The tour covered all areas of the Facility, including: administration, intake, medical, kitchen, education, resident housing, recreation, and the control center. Resident and staff PREA posters in English and Spanish were located throughout the Facility. "PREA Phones" programmed to call the National Sexual Assault Hotline were available for staff and residents.

Interviews began after the tour. The auditor interviewed ten (10) randomly selected direct care staff from both shifts, ten (10) randomly selected residents from all housing units, the Agency PREA Coordinator, the Facility Director, the Facility PREA Compliance Manager, specialty staff and a volunteer by telephone. A total of thirty-five (35) interviews were conducted.

During the on-site audit 43 male youth were at the Facility. No youth had reported during the intake process previous physical or sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, or gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

An exit meeting was held upon completion of the on-site audit. The Agency PREA Coordinator, Facility Director, and Facility PREA Compliance Manager were in attendance.

DESCRIPTION OF FACILITY CHARACTERISTICS

Crisp Regional Youth Detention Center is located at 130 Haralson Road, Cordele, Georgia. The Facility has a 48-bed facility capacity for all male residents. Crisp RYDC provides temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility.

DJJ's regional and district administrators, RYDC directors, and the Office of Continuous Improvement ensure that each RYDC follows departmental policy and procedures and provides quality services in the following areas: medical, education, recreation, behavioral health, nutrition, and general programming.

The Facility consists of: a gymnasium and outside recreation area, classrooms, a kitchen, laundry facilities, administrative offices, a conference room, a control center, intake area, mental health offices, medical offices and facilities, a visitor waiting area, and three housing units with 16 rooms each. Residents shower one at a time behind a closed door.

Cameras are located throughout all areas of the Facility. The cameras augment staff supervision and footage is viewed in the control room and remotely, by supervisory staff, on mobile devices.

SUMMARY OF AUDIT FINDINGS

On February 27-28, 2017, an on-site PREA audit was completed at the Crisp RYDC in Crisp County, Georgia. The results indicate the Crisp RYDC exceeded 7 standards; met 34 standards; 0 standards were not met; 0 standards were not applicable.

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 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 Crisp RYDC 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 Georgia DJJ is resourcefully 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 Crisp RYDC and the Georgia DJJ exceed the standard.

Interviews

- Agency PREA Coordinator
The Agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities.
- Facility PREA Compliance Manager
The Facility PREA Compliance Manager confirmed she has sufficient time and authority to coordinate Facility efforts to comply with the PREA Juvenile Standards.

Policy

- Georgia DJJ 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

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Georgia DJJ - News Release Identifying PREA Coordinator
- Georgia DJJ Organizational Structure
- Georgia DJJ Division of Operations and Compliance Organizational Structure
- Georgia DJJ PREA Organizational Structure
- Crisp RYDC Organizational Structure
- Requirements of a PREA Case

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.

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. Contract language is as follows, “Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 ET. Seq.) and with all PREA standards, Georgia DJJ Policies related to PREA and DJJ Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within Georgia DJJ Facilities/Programs/Offices owned, operated or contracted. Contractor acknowledges that in addition to “self-monitoring requirements” the Georgia DJJ will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring. Failure to comply with PREA, including PREA Standards and DJJ Policies may result in termination of the contract.”

District Directors and Community PREA Compliance Managers monitor and conduct internal audits of all Community/Court Service Offices for PREA compliance and submit reports to the Agency PREA Coordinator. Regional Treatment Services Specialists (RTSS) monitor and conduct internal audits of all Community Residential Providers for PREA compliance and submit reports to the Agency PREA Coordinator.

Community Residential Providers follow the guidelines within Georgia DJJ Policy 23.1 and use the attachments for documentation and compliance with program modifications. They are responsible for providing their staff with required PREA training to meet all PREA requirements. Community Residential Providers are responsible for contracting with a Department of Justice Certified Juvenile Auditor to conduct an independent audit every three years, completing all required audit documentation, and uploading required documentation for the auditor.

Policy

- Georgia DJJ 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, Pages 25-26 - Auditing and Monitoring (Community Residential Providers)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Contracts with Residential Providers - Including required PREA language

- Room, Board and Watchful Oversight (RBWO) Task Force Audit Tool for Site Visits - CCI (PREA Vulnerability Assessment)

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.

Crisp RYDC develops, implements, and documents an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect resident 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.

Crisp RYDC 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.

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.

Interviews

- Facility Director
The Facility Director confirmed Crisp RYDC regularly develops a staffing plan. Adequate staffing levels to protect residents against sexual abuse are considered in the plan. Video monitoring is part of the plan. The staffing plan is documented through the Facility Annual Staffing Report. He confirmed the assessment of the facility staffing plan considers all factors required by the standard. He checks for compliance with the staffing plan with the Secure Facility Staffing Report System and shift supervisory reports. He reported the Facility has not deviated from the staffing plan during the twelve-month audit period, but would document deviations if they were to occur. He confirmed ratios are 1:8 during resident waking hours and 1:16 during resident sleeping hours.
- Agency PREA Coordinator
The Agency PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for Crisp RYDC. He confirmed the assessment occurs annually and is documented through the Facility Annual Staffing Report.

- Facility PREA Compliance Manager
The Facility PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff
Interviews confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

Policy

- Georgia DJJ 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
 - Attachment B, PREA Unannounced Rounds Documentation

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Facility Annual Staffing Report
- 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
- Secure Facility Staffing Report System Training Guide
- Supervision and Monitoring Statement - Staff holdovers are used as a backup plan to ensure staffing requirements
- Closed-Circuit Television (CCTV) Schedule for Upgrades
- PREA Unannounced Rounds Documentation
- CCTV Review Log

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.

Crisp RYDC 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 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 or the Facility Director are the only staff trained and permitted to conduct cross-gender pat-down searches.

Apart from 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 PREA Audit Report

friendly” shower curtains, residents can change clothing behind the shower curtain before exiting the shower.

Female staff members announce their presence when entering a resident housing unit. They announce, “female on the unit” when entering a housing unit. Male staff members and residents often announce the presence of female staff as well.

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.

No cross-gender, transgender or intersex resident searches have occurred within the twelve-month audit period.

Interviews

- Random Sample of Staff
All staff interviewed confirmed female staff are restricted from conducting cross-gender pat-down searches of the residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for purpose of determining the resident’s genital status. All staff interviewed confirmed female officers announce their presence when entering a housing unit. All staff interviewed confirmed residents can dress, shower, and use the toilet without being viewed by female staff.
- Random Sample of Residents
All residents interviewed confirmed female staff announce their presence when entering the housing area or any area where they shower, change clothes, or perform bodily functions. All residents interviewed stated female staff have never performed a pat down search of their body. All residents interviewed stated they are never naked in full view of female staff.
- Transgendered and Intersex Residents
No residents identified as transgender male, transgender female or intersex during the on-site audit.

Policy

- Georgia DJJ 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

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.

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Local Operating Procedures (Post Order) - Showering procedures
- Cross-Gender Searches Documentation Form

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.

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, using interpretive services and special education instructors. Age-appropriate information, in both English and Spanish, is available so all residents have an equal opportunity to participate in or benefit from all aspects of the Agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Crisp RYDC uses LanguageLine Solutions phone interpreting service. This service is available 24 hours a day, 365 days a year. No resident interpreters, resident readers, or other types of resident assistants were used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Interviews

- Agency Head Designee (Agency PREA Coordinator)
 - The Agency PREA Coordinator confirmed the Agency has established procedures to provide residents with disabilities and residents who are limited English proficient 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.
- Disabled and Limited English Proficient Residents
 - No residents were identified as having a disability or being limited English proficient during the on-site audit.
- Random Sample of Staff
 - All staff interviewed confirmed the Agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. No staff interviewed had knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Policies

- Georgia DJJ 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
- Georgia DJJ 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
- Georgia DJJ 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)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Individuals with Disabilities Education Act (IDEA)
- Teachers’ Special Education Certifications
- “I Speak” Chart (Language Identification)
- Interpreting Service (LanguageLine Solutions, 800-523-1786)

- Youth Safety Guide for Secure Facilities (English and Spanish)
- Intake Flyer (English and Spanish)
- PREA Posters (English and Spanish)

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)

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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. Crisp RYDC asks applicants about the disqualifications for employment via the PREA Employment Questionnaire. Material omissions or providing false information can lead to termination.

Crisp RYDC does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. All new hires, contractors 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.

Interview

- Administrative (Human Resources) Staff
The interview with the Human Resources Staff confirmed Crisp RYDC complies with all requirements of the standard.

Policies

- Georgia DJJ 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
- Georgia DJJ 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 Audit: Pre-Audit Questionnaire for Crisp RYDC

- List of New Employees
- Criminal Background Checks for New Employees
- List of Employee Promotions
- Criminal Background Checks for Promotions
- List of Contractors
- Contractor Background Checks
- List of Employee Five Year Background Checks
- Five Year Criminal Background Checks for Employees and Contractors
- POST Officer Recertification Letter (Division of Secure Facilities)
- Letter from Department of Human Services (DHS)
- PREA Employment Questionnaires

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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Crisp RYDC has not experienced any substantial expansions or modifications within the twelve-month audit period. 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 and new monitors have been added within the twelve-month audit period. 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 Facility PREA Compliance Manager is involved in planning and assessing physical structures of the building. Strategic planning team reviews are held every three months. With regards to 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.

Interviews

- Agency Head Designee
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.
- Facility Director
The Facility Director confirmed no substantial expansions or modifications have been made since the 2014 PREA audit. New cameras and monitors have been added. The additional cameras enhance supervision and aide in protecting the residents from sexual abuse.

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section IV. EE& FF, Page 8 - Upgrades to Facilities and Technology

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA Accountability Statements

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)

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The Georgia DJJ Office of Investigations conducts administrative and criminal sexual abuse investigations. The Office of Investigations and Georgia Bureau of Investigations (GBI) Evidence Protocol follows the guidelines of the “National Protocol for Sexual Assault Medical Forensic Examinations”. 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 Georgia DJJ 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.

Crisp RYDC does not conduct forensic medical examinations. Examinations would be performed at Crisp Regional Hospital or through the Georgia Network to End Sexual Assault (GNESA). GNESA is an organization made up of twenty-seven (27) rape crisis centers statewide. If a resident calls the National Sexual Abuse Hotline, the call is routed to the local rape crisis center. If their call is unanswered, the calling system allows a resident’s call to be transferred to the next nearest rape crisis center until the call is answered, eventually contacting all twenty-seven (27) statewide centers if needed. Mary Lou Fraser Foundation for Families, Inc. provides victim advocacy services for Crisp RYDC. There also exists within the Georgia DJJ an Office of Victim Services that provides advocacy services for resident victims. The Georgia DJJ does an exceptional job of providing PREA related services to its residents and exceeds the standard’s requirements.

Interviews

- PREA Compliance Manager
The Facility PREA Compliance Manager confirmed a qualified victim advocate from Mary Lou Fraser Foundation for Families, Inc. would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.
- Random Sample of Staff
All staff interviewed stated they know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All staff interviewed stated the Georgia DJJ Office of Investigations is responsible for conducting sexual abuse investigations.

- Residents who Reported a Sexual Abuse
There were no residents who reported a sexual abuse present during the on-site audit.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section V. A-K, Pages 9-10 - Responsive Planning, Evidence Protocol and Forensic Medical Examinations
- Georgia DJJ Policy 23.2, Sexual Assault, Pages 1-4 - Forensic medical examinations
- Georgia DJJ Policy, 2.10, Payment of Youth Medical Expenses
 - Section IV. A, Page 2 - Services provided at no cost to resident victims
- Georgia DJJ Policy 8.42, Crime Scene Preservation
- Georgia DJJ Policy 11.15, Emergency Medical Services
 - Section III. B.1, Page 2 - Forensic examination protocol

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Office of Investigations Reporting Manual, Sections V&VII, Property Evidence and Receipt of Property
- Georgia Network to End Sexual Assault (GNESA) Memorandum of Understanding
- Mary Lou Fraser Foundation for Families, Inc. - Agreement for Victim Advocacy Services
- Local Hospital Memorandum of Understanding
- Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
- Facility Medical and Mental Health Staff Qualifications
- Georgia Bureau of Investigations (GBI) Evidence Protocol

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.

All allegations of sexual abuse or sexual harassment are referred for an administrative and/or criminal investigation. The Georgia DJJ Office of Investigations, PREA Unit are Georgia State certified police officers with the authority to conduct criminal investigations, make arrests, obtain warrants, and refer cases for criminal prosecution. The Georgia Open Records Request Act requires policy regarding referrals for criminal investigations is publicly available upon request.

An administrative or criminal investigation is completed in the following manner: A resident makes an allegation; the staff member receiving the allegation notifies their direct supervisor and completes a Special Incident Report (SIR); the Director notifies the Office of Investigations within two hours; the Investigator in turn instructs the Director how to code the allegation; and at the same time the victim goes to Crisp Regional Hospital or a rape crisis center and is examined by a SAFE, SANE, or medical doctor. Victim advocacy services are provided by Mary Lou Fraser Foundation for Families, Inc., a therapist, a staff member, or by two professionally trained, Georgia DJJ victim advocates.

Interviews

- Agency Head Designee
The Agency Head Designee (Agency PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He stated the process of how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment as described above.
- Investigative Staff
The Investigator confirmed the Georgia DJJ Office of Investigations, PREA Unit has the legal authority to conduct criminal investigations of allegations of sexual abuse or sexual harassment.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section V. L&M, Page 10 - Policies to Ensure Referrals of Allegations for Investigations
 - Attachment K - Requirements of a PREA Case
- Georgia DJJ 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 the Georgia DJJ Office of Investigations.
 - Section III. N, Page 5 - Investigator training
- Georgia DJJ Policy 8.5, Special Incident and Child Abuse Reporting
 - Section VI. F, Page 15-16

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Mary Lou Fraser Foundation for Families, Inc. - Agreement for Victim Advocacy Services
- Georgia Open Records Request Act - Policy regarding referral for criminal investigations is publicly available.
- Requirements of a PREA Case (PREA Coding System)
- Georgia Bureau of Investigations (GBI) Evidence Protocol

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.

Crisp RYDC 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, 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.

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA) and Attachment G
 - Section VI. A&B, Page 10 - Employee training (includes all eleven required topics)
 - Attachment G - PREA Training Series - Modules 1-8

Training Curriculum and Materials

- PREA Training Series - Modules 1-8
- PREA Training Matrix
- Gender Responsive Training
- Staff First Responder Cards
- PREA Staff Poster

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Prison Rape Elimination Act (PREA) Acknowledgements
- Staff Training Hours Reports

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.

Crisp RYDC 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 are informed of the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. The Facility maintains documentation confirming the volunteers, interns, and contractors understand the zero-tolerance policy training they have received.

Interview

- Volunteer who has Contact with Residents
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. She stated he would report to the an officer on duty and the volunteer coordinator the next day. She stated she volunteers in the evening.

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement and Attachment H
 - Attachment H - Volunteer/Guest Consent and PREA Acknowledgement

Training Curriculum and Materials

- Online PREA Training Module 2: "Keeping our Kids Safe - PREA Video" (Volunteers)
- PREA Training Series - Modules 1-8 (Contractors and Interns)
- PREA Staff Poster

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- List of Volunteers
- List of Contractors
- PREA Acknowledgement Statements
- Volunteer/Guest Consent and PREA Acknowledgement

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.

Crisp RYDC residents are informed of the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. This information is provided at intake. The residents receive a PREA intake flyer and watch a PREA video. They sign the PREA Youth Acknowledgement Statement, confirming they have received PREA education. All residents who were admitted to the Crisp RYDC completed required PREA education during the twelve-month audit period.

Within 72 hours of intake, the facility provides comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding 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 certified special education teachers.

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

Interviews

- Intake Staff
The Intake staff confirmed she provides the residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. She stated the residents watch a PREA video and they are given a zero-tolerance handout. The residents sign the PREA Youth Acknowledgement Statement and they are given a copy.
- Random Sample of Residents
All residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, their right not to be punished for reporting sexual abuse or sexual harassment. All residents interviewed confirmed they were given information about the Crisp RYDC rules against sexual abuse and sexual harassment. All residents interviewed reported they received this information during intake.

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 13.32, Special Education Services

Training Curriculum and Materials

- Youth PREA Curriculum - Phoenix/New Freedom
 - Part I: Information and Engagement
 - Part 2: Motivation
 - Part 3: PREA Special Issues
 - Part 4: Situational Awareness
 - Part 5: Determination to Act Wisely
 - Part 6: Protective Factors and Asking for Help
- Student Handbook - English and Spanish
- Youth Safety Guide for Secure Facilities - English and Spanish
- Intake Flyer - English and Spanish
- Youth Safety Tips - Handout and Poster
- Posters - English and Spanish
 - Break the Silence, Say no to Sexual Abuse
 - Sexual Abuse and Harassment are Never Okay
 - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
 - No Means No, Report Sexual Abuse
 - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
- PREA Group Counseling Progress Notes
- 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 ages 14-18) February 2012

- *Carlo's Question* (focuses on minority youth) May 2012
- *Charlie's Friend* (for male youth ages 10-13) July 2012

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Teachers' Special Education Certifications
- PREA Youth Acknowledgement Statements

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 Georgia DJJ Office of Investigations (PREA Unit) investigators receive all eleven basic PREA topics listed in standard 115.331 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".

NIC training includes: conducting investigations of sexual abuse in confinement settings, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's office for prosecution. All PREA investigators in the Office of Investigations have completed NIC PREA training. Training is documented by certificates of completion.

Interview

- Investigative Staff
An interview with the PREA Unit Field Supervisor confirmed that he has received the required training and is knowledgeable about his duties and responsibilities.

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section VI. L&M, Page 12 - Specialized Training: Investigations
- Georgia DJJ Policy 22.3, Internal Investigations

Training

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- 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

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 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”.

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”.

All Crisp RYDC full time, part-time, and contract medical and mental health staff have completed PREA training. Crisp RYDC medical staff do not conduct forensic medical examinations.

Interviews

- Medical Staff
The Nurse Manager confirmed no forensic medical examinations are conducted at the Crisp RYDC. She confirmed she has received training on the specialized topics.
- Mental Health Staff
The mental health staff confirmed she has received training on the specialized topics.

Policy

- Georgia DJJ 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.

Training

- PREA Modules 2-8A
- 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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

- List of Medical Staff with training dates
- List of Mental Health Staff with training dates
- NIC Certificates

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 Crisp RYDC completes a PREA Screening Report (PSR) on all residents who enter the Facility. 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. The Georgia DJJ uses a comprehensive risk assessment process. Extensive, individual risk assessments such as medical assessments, mental health assessments, nursing health appraisals, physical examinations, education level and other risk factors are entered into a data base. The data base then populates the required PREA information into a single objective screening instrument, the PREA Screening Report (PSR).

The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current charges 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 needs 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 the necessary information needed to make informed decisions.

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.

The inclusive, team-focused approach of assessing residents’ risk for sexual victimization and abusiveness demonstrates the Georgia DJJ policies, practice, and procedures exceed the requirements of the standard.

Interviews

- Agency PREA Coordinator
The Agency PREA Coordinator confirmed Agency policy outlines who should have access to a resident’s risk

assessment within the Facility in order to protect sensitive information from exploitation.

- Facility PREA Compliance Manager
The Facility PREA Compliance Manager confirmed Agency policy outlines who should have access to a resident's risk assessment within the Facility in order to protect sensitive information from exploitation.
- Staff Responsible for Risk Screening
The PREA Compliance Manager confirmed residents are screened upon admission to the Facility or transfer from another Facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs in less than 72 hours of intake. The initial intake screening includes all factors required by the standard. The information is ascertained by asking the residents questions and reviewing court orders and resident files. Resident's risk levels are reassessed after an incident of sexual abuse or sexual harassment or if new information becomes available.
- Random Samples of Residents
Five (5) residents interviewed entered the Facility prior to the past twelve months. The remaining five (5) residents interviewed entered the Facility within the past twelve months. One (1) chose not to answer and four (4) confirmed they were asked questions like the following examples at intake:
(1) Have you ever been sexually abused?
(2) Do you identify with being gay, bisexual or transgender?
(3) Do you have any disabilities?
(4) Do you think you might be in danger of sexual abuse at the Facility?

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 17.3, Custody and Housing Assessment
 - Section IV. B. 1-3, Page 3 - Custody Level Assessment
 - Section V. A. 1-9, Page 5 - Housing Assessments

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Consent to Disclose Protected Confidential PREA Related Information Form
- PREA Screening Reports

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.

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.

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 during the twelve-month audit period.

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 twelve-month audit period.

Interviews

- Facility Director
The Facility Director confirmed the Facility does not use isolation.
- PREA Coordinator
The Agency PREA Coordinator confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately.
- PREA Compliance Manager
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. She stated the Custody and Housing Assessment is used to determine housing placements for residents who are identified as having a higher potential for victimization or are identified as more aggressive. Safety rooms with clear, unobstructed views are available when needed. LGBTI residents would be treated no differently than any other residents. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. She confirmed transgender or intersex residents would be permitted to shower separately.
- Staff Responsible for Risk Screening
The Captain responsible for risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or mental health practitioner within 72 hours. He stated the Facility uses the risk screening information to make housing assignments. He confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed at least every six months or after an incident. He confirmed transgender or intersex residents would be permitted to shower separately. He added that all residents shower separately.
- Medical and Mental Health Staff
The Medical and Mental Health Staff interviewed confirmed the Facility does not use isolation.
- LGBTI Residents
No residents identified as LGBTI during the on-site audit.

Policies

- Georgia DJJ 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.
- Georgia DJJ Policy 16.6, Services in Confinement
 - Section I.-IV., Pages 1-7 - Services in Confinement
 - Attachment A - Confinement Checks Form

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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 Georgia DJJ provides residents with numerous, internal and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment. 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 of Victim Services; writing or calling the Georgia DJJ Office of the Ombudsman; the Georgia DJJ Office Online Intelligence Tip Form: "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 27 rape crisis centers. If a resident calls the National Sexual Abuse Hotline, the call is routed to the local rape crisis center. If their call is unanswered, the calling system allows a resident's call to be transferred to the next nearest rape crisis center until the call is answered, eventually contacting all 27 statewide centers if needed. It provides an exceptional service for a resident reporting sexual abuse. The advanced calling system ensures a resident's call will be answered.

The Georgia DJJ Online Intelligence Tip Form is available on the Agency's website. Contact information for the Intelligence Tip Form is included on PREA posters in the Facility. The Intelligence Tip Form provides 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.

Various English and Spanish language posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia DJJ Office of Victim Services, United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, and the Georgia Department of Family and Children Services. 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 LanguageLine Solutions, 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 twelve-month audit period.

The Georgia DJJ has been inventive 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.

Interviews

- PREA Compliance Manager
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.
- Random Sample of Staff
All Staff interviewed stated they would privately report sexual abuse and sexual harassment of residents by using the Online Tip Form or calling the Sexual Assault Hotline. Staff interviewed confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the Sexual Assault Hotline or by writing a filing a grievance. All staff interviewed confirmed verbal reports would be documented immediately.
- Random Sample of Residents
Residents interviewed could name methods to report verbally, by telephone or in person. All residents interviewed confirmed there is someone who does not work at the Facility that they could report to about sexual abuse or sexual harassment. Nine (9) identified a parent and two (1) identified their counselor or caseworker. Nine (9) residents interviewed acknowledged they are allowed to make a report without having to give their name and a relative or friend could make the report for them.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section VIII. A-G, Pages 15-16 - Resident Reporting
- Georgia DJJ Policy 8.5, Special Incident and Child Abuse Reporting
 - Section III. A&B, Pages 4-7 - Documenting Verbal Reports
- Georgia DJJ Policy 15.2, Grievance Process
 - Section III. C. 2, Page 2 - Access to Tools to Make a Written Report
- Georgia DJJ 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 Audit: Pre-Audit Questionnaire for Crisp RYDC
- Posters with Telephone Numbers and/or Mailing and Email Addresses
 - Sexual Abuse and Harassment are Never Okay

- Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
- No Means No, Report Sexual Abuse
- Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
 - ☎ 800-656-4673 The National Sexual Assault Hotline
 - ☎ 866-922-6360 The Georgia DJJ of Victim Services
 - ☎ 855-396-2978 The Georgia DJJ of the Ombudsman
 - ☎ 855-422-4453 The Georgia Department of Family and Children Services Hotline
 - ☎ 404-346-2300 United States Immigration and Customs Enforcement
 - 📧 The Georgia DJJ Office of Victim Services
3408 Covington Highway, 1st Floor
Decatur, Georgia 30032
 - 📧 Mary Lou Fraser Foundation for Families, Inc.
203 Mary Lou Drive
Hinesville, Georgia 31313
 - 📧 www.djj.state.ga.us Georgia DJJ Online Intelligence Tip Form
- News Release: June 29, 2013 –Commissioner Encourages Public to Use Agency TIP-Line: “If You See Something, Say Something”
- Georgia DJJ Online Intelligence Tip Form, <http://www.djj.sate.ga.us/Employees/DJJTipsFormWeb.aspx>
- Contract with Mary Lou Fraser Foundation for Families, Inc.

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.

Crisp RYDC 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 Georgia DJJ 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.

No grievances alleging sexual abuse were filed within the twelve-month audit period.

Interviews

- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section VIII., I-M, Page 17 - Exhaustion of Administrative Remedies
- Georgia DJJ Policy 15.2, Grievance Process
 - Section I.-IV., Pages 1-7 - Grievance Process

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Grievance Form

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.

Crisp 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 United States Customs and Immigration Enforcement. Various posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: National Sexual Assault Hotline, Georgia DJJ Office of Victim Services, United States Immigration and Customs Enforcement, Georgia DJJ Office of Ombudsman, and the Georgia Department of Family and Children Services. The Georgia DJJ also has an agreement with the Georgia Network to End Sexual Assault (GNESA). GNESA is a coalition of 27 rape crisis centers. In addition to GNESA, Mary Lou Fraser Foundation for Families, Inc. 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.

The Facility exceeds this standard by providing such a wide range of outside support services. The Georgia Network to End

Sexual Assault (GNESA) and Mary Lou Fraser Foundation for Families, Inc. provide accessible victim advocate and emotional support services to the residents. Lastly, posters list several additional outside legal and support services.

Interviews

- Facility Director
The Facility Director confirmed the Facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls, visits and letters.
- PREA Compliance Manager
The PREA Compliance Manager confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians.
- Random Sample of Residents
Most residents interviewed stated they were aware there are services available outside of the Facility for dealing with sexual abuse, if they ever need it. Many stated counseling services would be available. Most residents interviewed knew mailing addresses and telephone numbers for these outside services were posted on the walls. All resident interviewed knew calling the sexual assault hotline or other outside services would be a free call. All residents interviewed confirmed the Facility would allow them to see or talk with their lawyer or another lawyer privately. All residents interviewed confirmed the Facility would allow them to see or talk with their parents or someone else, such as a legal guardian.

For residents who stated they were unaware of services available outside of the Facility for dealing with sexual abuse, the Auditor showed the residents the posters with the mailing addresses and telephone numbers. Additionally, the Auditor explained to the residents the nature and scope of outside services available for dealing with sexual abuse.

- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 15.3, Youth Access to Courts and Criminal Counsel
- Georgia DJJ Policy 15.5, Youth Visitation
- Georgia DJJ Policy 15.6, Access to Mail
 - Section III. G, Page 4 - Confidential Correspondence

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Contract with Mary Lou Fraser Foundation for Families, Inc.
- Posters with Telephone Numbers and/or Mailing and Email Addresses
 - Sexual Abuse and Harassment are Never Okay
 - Sexual Abuse is Not Part of Your Placement, Don't be a Victim - Report Sexual Abuse
 - No Means No, Report Sexual Abuse
 - Reporting Sexual Abuse/ Contacting Advocacy Services Outside of Georgia DJJ Facilities
 - ☎ 800-656-4673 The National Sexual Assault Hotline
 - ☎ 866-922-6360 The Georgia DJJ Office of Victim Services
 - ☎ 855-396-2978 The Georgia DJJ Office of the Ombudsman

☎ 855-422-4453 The Georgia Department of Family and Children Services Hotline

☎ 404-346-2300 United States Immigration and Customs Enforcement

📧 The Georgia DJJ Office of Victim Services

3408 Covington Highway, 1st Floor

Decatur, Georgia 30032

📧 Mary Lou Fraser Foundation for Families, Inc.

203 Mary Lou Drive

Hinesville, Georgia 31313

🖨 www.djj.state.ga.us Georgia DJJ Online Tip Form

- Consent to Disclose Protected Confidential PREA Related Information
- Georgia Network to End Sexual Assault (GNESA) - 27 Georgia Rape Crisis Centers supported by local MOUs

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.

Third-party reporting of sexual abuse and sexual harassment is accessible through the online Intelligence Tip Form, <http://www.djj.state.ga.us/Employees/DJJTipsFormWeb.aspx>, located on the Georgia DJJ website, www.djj.state.ga.us.

Additionally, third-party reports can be submitted to the Georgia DJJ Office of the Ombudsman through the following methods:

- Email at djjombudsman@djj.ga.us
- Telephone at 1-855-396-2978
- Mail at 3408 Covington Highway, 1st Floor, Decatur, Georgia 30032.
- On-Line Referral Form at www.djjnewsandviews.org/djjombudsman

The Georgia DJJ exceeds the requirements of the standard. The Agency provides numerous methods for third-party reports of sexual abuse or sexual harassment. Two online reporting systems and reporting by mail, email, or telephone provides the residents, staff, and the public an array of reporting options. Third-party reporting information is provided on the Agency website and PREA posters located throughout the facility.

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section VIII. Q&R, Page 18 - The Agency provides for third-party reporting.

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- News Release: June 29, 2013 - Commissioner Encourages Public to Use Agency TIP-Line: "If You See Something, Say Something"
- Posters with Information for the Online Intelligence Tip Form and Contact Information

- Sexual Abuse and Harassment are Never Okay
- Sexual Abuse is Not Part of Your Placement, Don't be a Victim -Report Sexual Abuse
- No Means No, Report Sexual Abuse

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.

Crisp RYDC 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 will report all allegations of abuse or sexual harassment or 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.

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 Department of Children and Family Services, 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

- Facility Director

The Facility Director stated he would report allegations of sexual abuse to the PREA Investigations Unit and he would follow-up the phone call with an email. If the victim is under the guardianship of the Department of Family and Children Services, he stated he would immediately report the allegation to DFACS. He confirmed if a juvenile court retains jurisdiction over a victim he would immediately report the allegation to the juvenile's attorney or other legal representative of record. Lastly, he confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to the Georgia DJJ Office of Investigations PREA Unit.
- PREA Compliance Manager

The Facility Compliance Manager stated when the facility receives an allegation of sexual abuse she reports the allegation to the Facility Director. If the victim is under the guardianship of the Department of Family and Children Services, she stated the counselor would immediately report the allegation to the resident's DFACS caseworker.

Lastly, she stated if a juvenile court retains jurisdiction over a victim, she would immediately report the allegation to the juvenile's attorney.

- Random Sample of Staff
All staff interviewed confirmed they are mandated by Georgia law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor.
- Medical and Mental Health Staff
Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They both confirmed they are mandated by Georgia law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor. The Nurse Manager reported not having become aware of such incidents. The mental health staff reported knowledge of an incident in November of 2016. She completed an SIR and reported the incident to the Assistant Director and Office of Investigations.

Policies

- Georgia DJJ 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
- Georgia DJJ 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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Crisp RYDC immediately reports 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 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 employs multiple protection measures, including custody and housing changes, Special Management Plans, "No Contact Status," or transfers for resident victims or abusers.

There were no residents subject to a substantial risk of imminent sexual abuse within the twelve-month reporting period.

Interviews

- Agency Head Designee (Agency PREA Coordinator)
The Agency PREA Coordinator 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.
- Facility Director
The Facility Director confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the Facility would take immediate protective actions such as one-on-one supervision, developing a safety plan and notifying his supervisor. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.
- Random Sample of Staff
All staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor and close supervision.

Policy

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section IX. D-E, Pages 18-19 - Official Response Following a Youth Report: Agency Protection Duties

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Georgia DJJ policy requires that 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.

Crisp RYDC received no allegations that a resident was abused, while confined at another facility, within the twelve-month audit period.

Interviews

- Agency Head Designee (Agency PREA Coordinator)

The Agency PREA Coordinator stated the Georgia DJJ Office of Investigations is the designated point of contact if another facility within the Georgia DJJ refers allegations of sexual abuse or sexual harassment that occurred in a Georgia DJJ facility.

- Facility Director
The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to the Georgia DJJ Office of Investigations. The Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of another facility or agency reporting such allegations within the twelve-month audit period.

Policies

- Georgia DJJ 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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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 Georgia DJJ has a staff first responder policy for allegations of sexual abuse. Staff members receiving sexual abuse information will immediately refer the resident to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation.

Upon learning of an allegation that a resident has been sexually abused, the first direct care staff member to respond to the report shall be required to: separate the alleged victim and abuser and immediately refer the youth to the medical services staff for initial evaluation of the need for an outside medical referral for further testing and evaluation; obtain basic information such as where the incident occurred and who may be involved, but will not ask other questions; preserve and protect any crime scene, if applicable, until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

If the first staff responder is a non-direct care staff member, he or she is required to ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and then immediately notify direct care staff.

Interviews

- Security Staff and Non-Security Staff First Responders
Interviews with staff first responders confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse.

- Random Sample of Staff
Staff interviewed had a good knowledge of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. All staff interviewed stated they would report the alleged sexual abuse to their supervisor. Interviews revealed staff would not share sensitive information with other staff and residents.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 23.2, Sexual Assault and Attachment A
 - Section III. C, Page 3
 - Attachment A - Facility Coordinated Response to a Sexual Assault Incident

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA Accountability Statement
- Sexual Abuse Coordinated Team Response
- Facility Coordinated Response to a Sexual Assault Incident

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 Crisp RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The Facility Director or designee must immediately contact the Office of Investigations PREA Unit Filed Supervisor for PREA coding confirmation and assignment of an investigator. The Agency PREA Coordinator, Director of Investigations, and Director of Victim Services will immediately receive Special Incident SQL alerts upon entering the PREA codes into the Special Incident database. The Director of Victim Services will review the incident and make a determination regarding the immediate and critical need for additional services.

Medical and mental health staff will maintain secondary materials documenting the timeliness of the emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event medical staff are not present at the time of the incident is reported, and the provision of appropriate and timely information
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and services concerning sexually transmitted infection prophylaxis. When medical examines a youth for sexual abuse, youth will be given the youth victim services information card prepared by the Office of Victim Services.

Interview

- Facility Director
The Facility Director confirmed Crisp RYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Policies

- Georgia DJJ 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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Crisp RYDC Sexual Abuse Coordinated Team Response
- Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart
- DJJ & State of Georgia SART (Incarcerated Victim) Draft

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 Georgia DJJ does not participate in collective bargaining agreements.

Policies

- Georgia DJJ 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)
The Agency PREA Coordinator confirmed the Georgia DJJ and the Crisp RYDC do not participate in collective bargaining agreements.

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Georgia DJJ policy requires Facility Directors, Facility PREA Compliance Managers, and other supervisors to take immediate actions to ensure residents alleging sexual abuse or sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident reports alleged sexual abuse or sexual harassment, staff must complete the PREA Retaliation Monitoring Sheet. The facility treatment team members and shift supervisors will continually review the resident's adjustments in the facility and document their findings.

There were no incidents of retaliation reported within the twelve-month audit period.

Interviews

- Agency Head Designee (Agency PREA Coordinator)
The Agency PREA Coordinator stated housing changes or transfers as some examples of measures to protect residents or staff who report retaliation.
- Facility Director
The Facility Director stated meeting with residents, developing a safety plan, and staff administrative leave as some examples of measures to protect residents or staff who report retaliation.
- Designated Staff Member Charged with Monitoring for Retaliation
The PREA Compliance Manager is charged with monitoring for retaliation. She stated some of the measures he would take to protect residents and staff from retaliation are resident transfers and staff transfers. She stated some of the things she would look for in detecting possible retaliation are youth isolating themselves, name calling, bullying, and excessive disciplinary reports. She confirmed she would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the individual feels safe.
- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
The Facility does not use isolation.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

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

Secondary Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA Retaliation Monitoring Sheet

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 Crisp RYDC does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. A new Custody and Housing Assessment will be completed after an alleged victim returns from emergency medical treatment. The Facility Director or designee, in consultation with the Designated Health Authority, will make a final decision regarding housing placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.

Interviews

- Facility Director
The Facility Director confirmed the Crisp RYDC does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section IX. Q, Page 21
- Georgia DJJ Policy 12.22, Special Management Planning
 - Section I, Page 1
- Georgia DJJ Policy 8.7, Protective Custody
- Georgia DJJ Policy 8.5, Special Incidents and Child Abuse Reporting
 - Section VII. C, Pages 19-20
- Georgia DJJ Policy 23.2, Sexual Assault
 - Section III. G, Page 4

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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 Georgia DJJ Office of Investigations conducts administrative and criminal investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The Office of Investigations has authority as sworn officials to investigate all allegations of criminal violations occurring at Georgia DJJ facilities. The Office of Investigations may coordinate its investigative efforts with the appropriate law enforcement agencies such as the GBI, and local law enforcement as needed.

All Georgia DJJ PREA investigators have received specialized training including: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They are required to complete NIC online training.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses and review any prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigations are not terminated solely because the source of the allegation recants the allegation.

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

All PREA related investigations must be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or as approved by the Director of Investigations. The investigator will produce a final investigative report. The report will determine whether staff actions or failure to act contributed to the abuse, and include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the investigative facts and findings.

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

When outside agencies investigate sexual abuse, the Facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The Director of Investigations is the official liaison with all outside law enforcement agencies.

Crisp RYDC had one administrative investigation of an allegation of staff-on-resident sexual harassment within the twelve-month audit period. The allegation was determined to be unsubstantiated.

Interviews

- Investigative Staff

The PREA Investigator confirmed that he has received training through the NIC. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.

- Residents who reported a Sexual a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policies

- Georgia DJJ 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
- Georgia DJJ Policy 22.3 - Internal Investigations
- Georgia DJJ Policy 8.42 - Crime Scene Preservation
- Georgia DJJ Policy 8.5, Special Incident and Child Abuse Reporting
 - Section VI. K&L, Pages 16-17

Training

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA Unit Investigators Training Records
- NIC Training Certificates
- 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
- Serious Incident Report (SIR) Form
- Chain of Custody Form
- Report of Investigation

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 Georgia DJJ 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.

Interview

- Investigative Staff
The interview with the PREA investigator confirmed this policy.

Policies

- Policy 23.1, Prison Rape Elimination Act (PREA)

- Section X. F, Page 21 - Investigations: Evidentiary Standards for Administrative Investigations
- Policy 22.3, Internal Investigations (preponderance of evidence)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Following an investigation, the Georgia DJJ Office of Victims Services informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

The Office of Investigations provides the required case information to the Office of Victim Services as soon as possible, but no later than five (5) calendar days upon completion of the Report of Investigation (ROI). If the Office of Investigations did not conduct the investigation, the Office of Investigations will request relevant information from the investigative agency and provide the required information to the Office of Victims Services as soon as possible, but no later than five (5) calendar days upon receipt of the information from the investigative agency.

The Office of Victim Services informs residents no later than (5) calendar days upon receipt of the information from the investigative agency.

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the Office of Victim Services subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident’s unit;
- (2) The staff member is no longer employed at the Facility;
- (3) The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the Facility; or
- (4) The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the Facility.

Following a resident’s allegation that he has been sexually abused by another resident, the Office of Victim Services subsequently informs the alleged victim whenever:

- (1) The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the Facility; or
- (2) The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the Facility.

The Office of Victim Services documents all notifications or attempted notifications in the Juvenile Tracking System (JTS).

If the resident is released from the Crisp RYDC, the Office of Victim Services’ obligation to report will terminate.

Crisp RYDC had one administrative investigation of an allegation of staff-on-resident sexual harassment within the twelve-month audit period. The allegation was determined to be unsubstantiated and the resident was given written notification.

Interviews

- Facility Director
The Facility Director confirmed the Office of Victim Services notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Investigative Staff
The PREA Investigator confirmed that when a resident makes an allegation of sexual abuse, he must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Policy

- Georgia DJJ 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 Outcome
- Georgia DJJ Policy 14.10, Victims' Rights, Services and Notification
 - Section IV. H&I, Pages 6-8 - PREA Victim Notification

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Report of Investigation (ROI)
- Resident Notification of Investigative Outcome

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.

Staff are subject to disciplinary sanctions up to 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.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of acts committed, a staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would be terminated if not for their resignation, are reported to the appropriate law enforcement agency and to any relevant licensing

bodies unless the activity was clearly not criminal.

Crisp RYDC had one administrative investigation of an allegation of staff-on-resident sexual harassment within the twelve-month audit period. The allegation was determined to be unsubstantiated.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section XI. A-D, Page 22 - Discipline: Disciplinary Sanctions for Staff

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Georgia DJJ policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Crisp RYDC takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the twelve-month audit period.

Interview

- Facility Director
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.

Policies

- Georgia DJJ Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section XI. E&F, Page 22 - Discipline: Corrective Action for Contractors and Volunteers
- Georgia DJJ Policy 14.3, Citizen and Volunteer Involvement
 - Section III. G, Pages 9-10 - Termination of Volunteer

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC

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.

Crisp RYDC residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility would offer the offending resident participation in such interventions. The Agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of The Office of Investigations will refer youth for criminal prosecution when appropriate. The Agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact. Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse.

The Facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Georgia DJJ has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

There have been no administrative or criminal findings of resident-on resident sexual abuse at the Facility within the twelve-month audit period.

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

The Facility Director confirmed sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. A resident's mental disability or mental illness are considered in determining appropriate disciplinary sanctions. Isolation is not used as a disciplinary sanction for resident-on resident sexual abuse.

- Medical and Mental Health Staff
Mental Health Staff confirmed that counseling would be available for residents who have been determined to have committed resident-on resident sexual abuse. She confirmed that if a resident refuses to participate in counseling they would not be denied access to education and other programming.

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Rule Violations Grid
- Disciplinary Report Form

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.

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.

Medical and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization what did not occur in a facility setting, unless the youth is under the age of 18.

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

One (1) residents disclosed prior victimization during intake screening within the twelve-month audit period. The resident was given a mental health assessment within 72 hours and had a follow-up meeting for mental health services within the required time frame.

Interviews

- Staff Responsible for Risk Screening
The staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or medical health practitioner within 14 days.

- Medical and Mental Health Staff
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.
- Residents who Disclose Sexual Victimization at Risk Screening
No residents who disclosed sexual victimization during risk screening were present during the on-site audit.

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

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- 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

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 Facility Director ensures resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

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. Treatment services are provided to victims at no financial cost. The Georgia DJJ would be responsible for payment of medical and treatment expenses.

No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period.

Interviews

- Medical and Mental Health Staff
The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of emergency medical and mental health services is determined according to their professional judgment and based on professional guidelines and Georgia DJJ policy. The nurse confirmed victims of sexual abuse are offered timely information about access to sexually transmitted infection prophylaxis.
- Security Staff and Non-Security Staff First Responders
Interviews with staff first responders confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse, including immediate notification of appropriate medical and mental health practitioners.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

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

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Mary Lou Fraser Foundation for Families, Inc. - Agreement for Victim Advocacy Services
- Sexual Abuse Coordinated Team Response
- Facility Coordinated Response to a Sexual Assault Incident

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.

Crisp RYDC offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse, whether inside or outside the facility. Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The Facility will provide the required services or the services will be provided by Crisp Regional Hospital.

The Facility conducts a mental health evaluation of all known youth-on youth abusers within 72 hours of learning of such

abuse history and offers treatment when deemed appropriate by mental health practitioners.

Interviews

- Medical and Mental Health Staff
Medical and Mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. Both staff interviewed confirmed medical and mental health services are consistent with community level of care. The mental health practitioner interviewed confirmed mental health evaluations of all known resident-on-resident abusers would be completed within 72 hours and treatment would be offered if appropriate.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Facility Medical and Mental Health Staff Qualifications
- Memorandum Re: The Emergency Medical Treatment and Labor Act (EMTALA)
- Local Hospital Memorandum of Understanding

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.

Crisp RYDC conducts sexual abuse incident reviews after the conclusion of every investigation of a sexual abuse incident, unless the incident is 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 PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The Facility implements the recommendations for improvement, or shall document its reasons for not doing so.

The review team considers the following: (1) whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse; (2) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) whether physical barriers in the area may enable abuse; (4) protective measures taken following a sexual abuse incident; (5) the adequacy of staffing levels in the area

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during different shifts; (6) whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff; (7) was the incident immediately reported to supervisors and the Facility Director; and (8) was the proper documentation completed for the incident.

Crisp RYDC had one administrative investigation of an allegation of staff-on-resident sexual harassment within the twelve-month audit period. The allegation was determined to be unsubstantiated. The PREA Incident Review Team met after completion of the investigation and documented their findings with the Sexual Abuse Incident Review Team Meeting Minutes form.

Interviews

- Facility Director
The Facility Director confirmed the Crisp RYDC has a sexual abuse incident review team. The team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The team uses the information from the sexual abuse incident review to changes to policy and procedures, adequacy of video monitoring technology and staffing levels. He confirmed the team considers motivating factors, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts, and assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.
- Facility PREA Compliance Manager
The PREA Compliance Manager revealed she is a member of the PREA Incident Review Team. She confirmed the Facility reports its findings using the Sexual Abuse Incident Review Team Meeting Minutes form. The report includes any recommendations for improvement.
- Incident Review Team
The Assistant Director confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area are assessed for different shifts. She confirmed the PREA Incident Review Team assesses whether monitoring technology (CCTV) should be deployed or augmented to supplement supervision by staff.

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

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Sexual Abuse Incident Review Team Meeting Minutes

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 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. The Agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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 Audit: Pre-Audit Questionnaire for Crisp RYDC
- Requirements of a PREA Case
- PREA COMSTAT Allegations Report
- Georgia DJJ 2015 Annual PREA Report
- 2015 Survey of Sexual Victimization, State Juvenile Systems Summary Form

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 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, and response policies, practices, and training. The Annual PREA Report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The Annual PREA Report is approved by the Commissioner and linked to the Georgia DJJ website to provide PREA information to the public.

Interview

- Agency Head Designee (Agency PREA Coordinator)

The Agency PREA Coordinator confirmed the Commissioner approves the Annual PREA Report and the Agency uses PREA Audit Report

incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information is redacted from the report.

- PREA Compliance Manager
The PREA Compliance Manager stated the facility reports incidents of sexual abuse and sexual harassment to be included in the data the Agency collects and aggregates in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

Policies

- Policy 23.1, Prison Rape Elimination Act (PREA)
 - Section XIII. B. 2&3, Pages 24-25, Data Review for Corrective Action

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- Georgia DJJ 2015 Annual PREA Report

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 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 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.

Interview

- Agency PREA Coordinator
The Agency PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the Agency takes corrective action on an ongoing basis based on the data.

Policies

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Crisp RYDC
- PREA COMSTAT Allegations Report

- Georgia DJJ 2015 Annual PREA Report
- 2015 Survey of Sexual Victimization, State Juvenile Systems Summary Form

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 16, 2017

Auditor Signature

Date