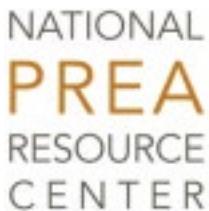


PREA AUDIT: AUDITOR'S SUMMARY REPORT

Juvenile Facility



Name of facility: Crisp
Regional Juvenile Detention
Center

Physical address: 130
Haralson Road, Cordele, Ga.
31015

Date report submitted: May
29, 2014

Auditor Information Jeff Rogers

Address: P.O. Box 1628,
Frankfort, Ky. 40601

Email:
jamraat02@gmail.com

Telephone number: 502-
320-4769

Date of facility visit: May 20-
21, 2014

Facility Information Crisp Regional Juvenile Detention Center

Facility mailing address:
same as above

Telephone number: 229-271-
4900

The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	X <input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		

Facility Type:	<input checked="" type="checkbox"/> Juvenile	<input type="checkbox"/>	
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Name of PREA Compliance Manager: Curtis Mathis

Title: PREA
Compliance
Manager
Assistant
Facility
Administrator

Email address: Curtis. Mathis@youthservices.com

**Telephone
number:** 229-271-4915

Agency Information Youth Services International, Inc.

Name of agency: Youth
Services International, Inc.

**Governing authority or
parent agency:** Georgia
Department of Juvenile Justice

Physical address: 6000
Cattleridge Drive Suite 200,
Sarasota, Fla. 34232

Mailing address: same		
Telephone number: 941-953-9199		
Agency Chief Executive Officer		
Name: James Slattery	Title:	President
Email address:	Telephone number:	941-953-9199
Agency-Wide PREA Coordinator		
Name: Adam T. Barnett, Jr.	Title:	PREA Program Coordinator
Email address: AdamBarnett@djj.state.ga.us	Telephone number:	404-683-6844

AUDIT FINDINGS

NARRATIVE: The Crisp Regional Juvenile Detention Center in Cordele, Georgia is a 64 bed male juvenile detention center operated by Youth Services International, Inc. a private for profit agency. Its governing authority is the Georgia Department of Juvenile Justice. The PREA Audit took place May 20-21, 2014 in Cordele, Georgia. The night before the audit the auditor met with the facility superintendent Mable Wheeler to discuss the upcoming audit. On the morning of May 20, 2014 the auditor entered the facility for purposes of conducting an on sight tour of the facility, interview residents, and staff members. Prior to arrival the auditor reviewed pertinent agency policies, procedures, and related documentation used to show compliance with PREA Standards. The pre-audit review of documents revealed five questions for the auditor. The answers to the auditor's questions were emailed to the auditor prior to the visit and any related issues were resolved prior to the start of the audit. The auditor interviewed eight (8) juvenile residents at random. Those residents interviewed had been at the facility not less than two (2) weeks and not more than two (2) years. There were no identified gay, bisexual, transgender or intersex residents nor were there any who needed translation services nor other disability related services at the facility. There were no residents who had reported sexual abuse while at the facility. There were no residents in isolation.

There were nine (9) random staff interviews. There were no SANE or SAFE staff at the facility. This type of nurse is available at the local hospital. There was no agency contract administrator at the facility but the auditor was able to review contracts/MOUs between the facility/agency and local rape crisis centers and the hospital/emergency room for forensic services as these are not conducted at the facility. The auditor interviewed the incident review team, a designated staff member charged with monitoring retaliation and intake staff. There was no volunteer or

contracted staff interviewed as they were none at the facility during the audit. Investigations are handled by the Georgia DJJ Office of Investigations but none were present during the audit. The auditor interviewed the chief executive officer designee and the facility superintendent. The auditor interviewed three (3) medical staff members including the facility physician and three (3) mental health staff who also conducted risk assessments for risk of victimization and abusiveness. The PREA Compliance manager and the statewide PREA Coordinator were interviewed as was the Human Resources Staff Director. Also interviewed was the Facility Assistant Superintendent who in addition to being responsible for security does unannounced visits to the facility during the third shift generally between 1:00 a.m. and 4:00 a.m.

All forensics are conducted at the local hospital. There is a statewide Victim Advocate Program and the auditor interviewed Ms. Litita Appling via phone. She has been involved in setting up MOUs for rape crisis interventions.

On the day of the auditor's arrival there were 55 male residents at the facility. There had been no substantiated sexual assaults or harassments although there had been three (3) allegations made during the previous two years. The auditor viewed each of the identified video surveillance of these incidents.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Crisp Regional Juvenile Detention Center (CRJDC) is located in Cordele, Georgia approximately 60 miles south of Macon, Georgia and 100 miles north of the Florida state line. The Center is situated on 11.7 acres and the building has a total of 57,000 square feet under one roof. The is a gymnasium and an outside recreation area. The Center features a school, food service operation, laundry, as well as administrative offices, a control center, and visitor waiting area near the entrance. All staff and visitors are screened using metal detection equipment. Cell phones and other electronics are not allowed inside the secure premises although for purposes of this audit, the auditor was able to bring his laptop and cell phone into the administrative area. There are four housing units with 16 rooms each that are single celled and wet. Each housing unit contains showers and only one resident at a time is allowed to shower. There are surveillance cameras positioned throughout the facility. A recent Security and Technology assessment by the Georgia DJJ revealed the need for additional cameras throughout the facility to alleviate as many blind spots as possible. These will be installed in September 2014. Currently where there are blind spots, staff are positioned to provide supervision.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: **7**

Number of standards met: 34

Number of standards not met: 0

Not Applicable: 0

§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)

The following information was utilized to verify compliance with this standard:

Agency Policy #23.1 relating to PREA Zero Tolerance pages 1-17, Sections I thru XII.

Agency policy #1.2 relating to the Facility Organization Chart page 1 section I and Attachment A-Georgia Department of Juvenile Justice (DJJ) Organization Chart.

The #23.1 policy guides staff in the implementation of the Prison Rape Elimination Act (PREA) at the Crisp Regional Juvenile Detention Center. It meets all requirements including definitions of prohibitive behaviors regarding sexual abuse and harassment. The agency PREA Coordinator Adam Barnett is the full-time statewide PREA Coordinator for the Georgia DJJ. He oversees the agency's PREA Compliance Managers at its facilities across the state. He is under the supervision of a deputy commissioner but also reports directly to the agency head, Commissioner Avery Niles. He has sufficient time to conduct his duties and was present during this audit. The facility Assistant Superintendent for Programs, Curtis Mathis is the facility's PREA Compliance Manager and has sufficient time to devote to managing PREA.

§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)

The following information was utilized to verify compliance with this standard:

Agency Policy #23.1 relating to PREA Page 3 section III. D.

The policy has the necessary language to address the requirement of adding PREA language and ensuring that all contractors understand this requirement. There are 16 contracts for the confinement of juveniles. A review of these 16 contracts indicates compliance. The Georgia DJJ monitors all contracted facilities to monitor PREA.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 23.1 relating to PREA page 3 Section III F.

Agency policy #8.2 relating to Administrative Duty Officer page 3 section III L.

Agency policy #8.1 relating to Special Management Attachment C-Guidelines for Facility Staffing Plan

Agency policy # 7.6 relating to Video Monitoring Systems page 1 section I.

The staffing plan is reviewed during every management team meeting that occurs at least three times each week. The superintendent also checks the roster of staff on duty daily. There has never been a time during the audit period since August 13, 2013 that the staffing plan was not followed. The facility assistant superintendent for security, Ms. Wimberly conducts at least monthly unannounced visits during the third shift. She also conducts unannounced rounds throughout first and second shifts as well. She completes a report of each visit and forwards this to the facility superintendent. The staffing plan review with the PREA Coordinator occurs at least once each year. Administrative Duty Officer Policy requires conducting unannounced visits and prohibits the announcement to other staff of the unannounced rounds being made. A review of logbook pages shows these visits were made.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 8.2 relating to Searches and Contraband Control page 4-5 section IV.

Agency policy #23.1 relating to PREA page 4 section III. M-P.

There are no cross gender searches of residents by staff. Resident interviews also confirmed that staff respect their privacy during dressing, showering and normal bodily functions. Policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions. Policy requires staff of the opposite sex to announce their presence when entering housing units. Policy prohibits staff from conducting a search or physically examining a transgender or intersex resident. The auditor also reviewed log book entries to confirm announcements.

§115.316 – Residents with Disabilities and Inmates 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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 4 section III. Q-S.

Agency policy #3.51 relating to Recruitment and Selection of Staff page 7 section III K. 4 & 5.

Agency policy # 3.52 relating to Background Investigation page 8 section III E. 1-3; page 6 section IV. Q and R; Attachment D- Placement of Youth Authorization or Release of Information and Penalties for Falsification.

There have been 0 instances where the services of an interpreter was needed during the last 12 months. At intake if a resident does not speak or read English, an "I Speak" chart exists in the intake area with a variety of languages that the resident can identify with. If a non-English language is identified the facility then makes arrangements for an interpreter. At no time are other residents allowed to serve as an interpreter. Residents confirmed this during interviews. The facility employees at least three or more Special Education Teachers who can assist residents in understanding the PREA if an understanding exists because of developmental disability issues. Policy covers the language assistance services including the "I SPEAK" posters and flashcards. The Georgia DJJ is in the process of obtaining PREA information including the resident handbook in braille translation and will include signage throughout the housing units.

§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)

The following information was used in determining compliance with the Hiring and Promotion of staff:

Agency policy relating to PREA zero tolerance #23.1 pages 4-5 section III T-BB, and U. W

Agency policy relating to recruitment and selection of staff # 3.51 page 7 section III k 4-5

Agency policy relating to background investigation # 3.52 page 8 section III E. 1-3; page 6 section IV Q, R and page 9 section V A-B relating to background information processes including background checks every five years. Also #3.52 Attachment D relating to providing material omissions regarding misconduct or false information.

Agency Policy relating to employee standards of conduct and ethics 3.10 page 6 section III M

During the past year 46 new employees were hired and background checks were completed on all applicants. The facility provided a list of all names of new employees as well as promotions for existing employees. The Human Resource Manager was also interviewed and confirmed the applicant background processes for applicants. The agency has also began using the Diana Screen which assists in identifying potential sexual perpetrators. This is a pre-employment tool used to screen/eliminate potential abusers from being employed.

§115.318 – Upgrades to Facilities and Technology

- 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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 5 section III.CC.

Agency policy # 7.6 relating to Video Monitoring Systems page 1 section I.

There have no new expansions or construction of new facilities according to the PREA Coordinator. A Security and Technology Review Team visited all DJJ operated and contract facilities for purposes of assessing technology/viseo surveillance cameras. While the current system is adequate the addition of new cameras is expected to be completed in September 2014 providing even more video surveillance to augment staff supervision. The auditor reviewed the Obstructed View Report to verify that the new cameras are being installed.

§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)

The following information was used to verify compliance with this standard:

Agency policy # 23.1 relating to PREA page 5 section IV. A.; page 6 section IV. D. 1. F-H. and Attachment F-PREA Referral for Crisis Intervention/Counseling and Advocacy Support Services.

Agency policy # 22.3 relating to Internal Investigations page 1 section I.

Agency policy #8.42 relating to Crime Scene Preservation all pages/sections

Agency policy #23.2 Sexual Assault page 3 section III. B.

Agency policy #11.5 Emergency Medical Services page 2 section III. B.1.

Agency policy #23.2 relating to Sexual Assault page 2 section III. A.

Agency policy # 2.10 relating to Payment of Youth Medical Expenses page 2 section IV A.

Georgia DJJ Office of InvestigationsCase Reporting Manual section VII-Property Evidence and Receipt for Property.

The DJJ Office of Investigations conduct all criminal and administrative investigations and investigations manual uses the the protocol based on The U.S.Department of Justice (Office of Violence Against Women publication as its guide). All investigators are sworn police officer for the purpose of conducting PREA Investigations. All forensics are completed by the local hospital according to the MOU between the hospital and the Crisp Regional Juvenile Detention Center (RJDC) and interviews with medical personnel at the facility. Policy states there is no costs to residents for services provided to them either outside the facility or internal to the facility. There are no SANE or SAFE nurses at the facility. There have been no forensic examinations in the last 12 months. Victim Advocates are available because of MOUs in place with four regional providers of rape crises Interventions and Counseling. If an investigator is involved in an allegation made by a resident that investigation will be conducted by the Georgia Bureau of Investigation (Evidence Protocol). The Office of Victim Services develops MOUs with area providers of rape crisis interventions and follow up. Ms. Latita Appling was interviewed via phone call to confirm the role of Victim Services in negotiating with area agency to provide these services. The auditor viewed four separate agreements that are in place in Georgia. There are also qualified staff members at the facility that can provide crisis intervention if requested by the resident in addition to outside providers.

§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)

The following information was used to determine compliance with this standard:

Agency policy #22.3 relating to internal investigations page 1; section 1 page 3 section III C; and page 5 section III L and N.

Agency policy # 23.1 relating to PREA page 7 section IV K, L.

Agency policy # 8.5 relating to special incident and child abuse reporting page 15-16 section VI F.

The agency has published its 2013 Annual Report and this was examined prior to arriving at the facility. The statewide PREA Coordinator was also interviewed and discussed this report. During the last 12 months there have been three (3) allegations. All were administrative investigations and there were no allegations reported for a criminal investigation. The auditor reviewed all three incidents on video. It appeared to the auditor that these were all administrative investigations. The Serious Incident Reports (SIR) were analyzed as well by the auditor. The investigations were thoroughly investigated and the correct analyzes were made in all three incidents.

§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)

The following information was used to determine compliance with this standard:

Agency policy #23.1 relating to PREA page 7 section V. A&B and attachment C relating to PREA training series.

Training modules 8A slides 4-6 relating to the agency's Zero tolerance policy and staff responsibilities for fulfilling their responsibilities as it relates to PREA.

Module 5 slides 3, 12-14, 16-19, and 25-27 relates to residents right to be free from sexual abuse and harassment, the right of residents to report abuse, the residents right to be free of retaliation, how to avoid inappropriate relations and reporting of sexual abuse or harassment to outside entities or persons.

Module 7 slides 3-30 relating to the dynamics of sexual abuse and harassment and the common reactions to sexual abuse and harassment in juvenile victims.

Module 6 slides 1-25 relates to effective communication

Module 3 relating to Georgia laws and national standards slide 16; and

Lesbian, Gay, Bisexual, Transgendered, Intersex, and gender nonconforming residents training slides 1-29

The auditor reviewed training records showing staff participation and hours received, staff meeting minutes and directives issued to staff relating to PREA training issues. In addition to these documents, the facility superintendent holds regular management team meetings at least three days a week to communicate concerns related to PREA and other management issues. The superintendent holds a minimum of quarterly PREA refresher trainings with all staff. In the past 12 months 109 staff received training based on the above mentioned modules and the same 109 received refresher training quarterly. There was also a directive from the superintendent sent to all staff February 18, 2014 relating to updated PREA information. Throughout the facility and housing units are posters about the PREA policies in English and Spanish. This information is also contained in resident handbooks, again in English and Spanish. There are other forms of communicating to the residents about safety guides and are in English and Spanish. The agency also has PREA information both for residents and the public in general through the Georgia DJJ website (<http://www.djnewsandviews.org/preageorgia/videos.html>) there is a three minute video that the Georgia DJJ Commissioner participates in talking about PREA to every resident during the intake process immediately upon arrival and before assignment to a housing unit. There is also a second video all residents watch provided by the National Institute for Corrections (NIC) and is titled "Safeguarding Your Sexual Safety".

§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)

The following information was used to verify compliance with the standard.

Agency policy #23.1 relating to PREA page 7 section V. C-E.

Agency policy #1.7 relating to citizen and volunteers pages 1, 6, 7, 9 section 1 and section III D. 1-2, H2. K.

In the last 12 months 28 volunteers or contractors were trained in the agency policies and procedures regarding sexual abuse and harassment. Every volunteer and contractor signed acknowledgement forms indicating receiving this training. The PREA Training Modules 2 and 8 were part of this training. All trainees were trained in the agency's Zero Tolerance Policy

§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)

The following information was utilized to verify compliance with this standard:

Agency Policy #13.23 relating to student intake screening and placement pages 1-2 section III A.C.1.

Agency policy #23.1 relating to PREA page 8 section V.F. &K

In the last 12 months all residents who were admitted to the facility completed the required PREA Education. Beginning December 17, 2012 all residents had completed the PREA required training. According to a letter from the Associate School Superintendent this training was completed by December 19, 2012 and was provided by education staff at the facility. The training is available for those with limited English proficiency, deaf, visually impaired (done verbally until information is completed in Braille) other types of disabilities and those with limited reading skills. The agency has a court interpreter registry listing available interpreters as well as a certified court interpreting services registry.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 8 section V. and L.

The Georgia DJJ Office of Investigations has 21 investigators trained to conduct administrative and criminal investigations. The investigators have received training in the following PREA curriculums:

NIC PREA Online, investigating sexual abuse in a confinement setting, the Georgia Bureau of Investigation's evidence protocol, the Department of Justice (DOJ) PREA review panel that included the Commissioner of DJJ Avery Niles testimony. In addition to these trainings PREA training modules 2-8A were presented to the investigators. A review of documentation of the three allegations was completed by the auditor. These were very thorough and indicated a level of competence with the investigators that is necessary when investigating these types of allegations.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relates to PREA page 8 section V, M.

Training in Forensic Nursing in Georgia. Training in Sexual Abuse and Prevention and PREA Training Modules 2-8.

All medical and mental health care staff have received these trainings and were verified using training roster for PREA Training Modules 2-8A.

The facility medical or mental health staff do not conduct forensic examinations. These are conducted at the area medical facility and a MOU exists that outlines these services will be done and at no cost to the resident. This was also verified by interviews with the medical doctor at the facility and the superintendent.

§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)

The following information was utilized to verify compliance with this standard:

For screening upon admission the following policies are in place;

Agency policy #23.1 relating to PREA page 8 section VI. A-B.

Agency policy #11.1 relating to medical intake screening page 1 section 1.

Agency policy 11.2 relating to nurse health assessment and physical examination page 2 section III A.1-5.

Agency policy #12.10 relating to mental health screening page 1 section 1.

Agency policy #2.11 relating to mental health assessments page 1 section 1.

Agency policy #13.23 relating to student intake screening and placement page 1-2 section III A, C.1.

For screening for risk of victimization or being abusive the following policies are in place:

Agency policy #11.1 relates to medical intake screening page 1 section II C.

Agency policy #11.2 relating to nurse health assessment and physical examination page 2 section III A. 1-5.

Agency policy #12.10 relating to mental health screening page 1 section III C-D.

Agency policy #13.23 relating to student intake screening and placement pages 1-2 section III A., C1.

Each of the cited policies also have attached screening instruments. Also agency policy #17.3 relating to custody and housing assignments page 3 section IV. A. 1-4 requires periodic reassessments periodically throughout a resident's confinement. The medical, mental health, and education staff interviewed who did these assessments and screenings verified the processes required of these policies. There was 579 residents entering the facility in the last 12 months.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 9 section VI. F-K.

Agency policy #11.1 relating to medical intake screening and attachment a medical intake screening form.

Agency policy #17.3 relating to custody and housing assessment page 1 section 1.

Agency policy #23.1 relating to PREA page 8 section VI. A-B.

Agency policy #16.6 relating to Service in Confinement page 1 section II.

There have been no residents placed in isolation in the last 12 months because of victimization. Agency policies prohibits placing gay, bisexual, transgender, or intersex residents into confinement based solely on such identification or status. Housing and program assignment policies require determinations on each transgendered or intersex on a case by case basis. A policy exist that requires a reassessment every 30 days of any gay, bisexual, transgender, or intersex resident. In the last 12 months there were no residents who fit into any of these categories at this facility according to interviews with medical staff and the superintendent.

§115.351 – Inmate 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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA pages 9-10 section VII A. 1.

Agency policy #17.1 relating to admission and release pages 2-3 section III B. 1-7. And attachment a is a Notification of Foreign Nations in Detention.

Agency policy #23.1 relating to PREA page 10 section VI. I.

Agency policy #23.1 relating to PREA page 11 section VII Q-R.

Agency policy #8.5 relates to special incident and child abuse reporting page 4-7 section III A & B.

Agency policy # 15.2 relating to the facility grievance process page 2 section 111. C.2.

Resident interviews revealed that residents are aware of how to report and that outside agencies can be contacted as well as parents, legal guardians. This information is contained in the student handbook and signage throughout the housing units. Residents reported that they knew who to contact at the facility and the availability of using an 800 number in their counselor's office to reach outside entities. The facility has on order direct dial phones that will be installed in each housing unit. Residents are also aware they can report anonymously. A news release by the Georgia DJJ Commissioner on June 29, 2013 was issued to inform the public to use the agency's tip line with the theme "If You See Something, Say Something". There is also information on the Georgia's DJJ Home Website <http://www.djj.state.ga.us>

relating to PREA reporting about the TIP Line that can be used to report sexual abuse or harassment. Staff interviewed were aware of these reporting practices as well. Staff interviews also revealed that staff are aware of their reporting responsibilities by completing a significant incident report if a resident verbally tells them of an allegation.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #15.2 relating to the grievance process pages 1-5 section I-V.

Agency policy#23.1 relating to PREA page 10 section VII. K. & M.

There have been three (3) allegations of sexual abuse/harassment in the past 12 months. None of these have required an extension of time and all were resolved before 90 days. Resident interviews indicated that residents were aware of how to report and to whom including outside third parties including parents and legal guardians. Residents were also aware they did not have to report an allegation to the person he is alleging committed an act of sexual abuse or harassment. The agency policy meets to requirements of the standards. There are also locked boxes where residents can put their grievances into. Blank grievance forms are in the same location as the locked boxes.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #15.6 relating to Access to mail services page 4 section III G.

Agency policy #17.1 relating to admission and release pages 2-3 section III B. 1-7 and Attachment A-Notification of Foreign Nationals in Detention

Agency policy #23.1 relating to PREA page 11 section VII N., O., & P.

Agency policy #15.3 relating to youth access to the courts pages 1-4 section I-IV.

Agency policy #15.5 relating to youth visitation page 1 section I.

The agency currently has contracts with four entities in Georgia including Mary Lou Foster For Families, Northside Psychological Services, Inc., Strategies, LLC and Children's Advocacy Center of the Lookout Mountain Judicial Circuit for community related services for residents while incarcerated and afterward if necessary.

Residents are given information through signage in housing units and at other places in the facility. Signs include "Break the Silence" a poster for the Georgia DJJ Office of Victim Services 404-508-6500; Georgia Department of Human Services 404-657-3400; U.S. Immigration and Customs Enforcement 404-346-2300; National Sexual Assault Hotline 1-800-656-Hope; Georgia Center for Child Advocacy 678-904-2880; Georgia Care 404-602-0068; National Runaway Hotline 1-800-Runaway; and Sexual Exploitation Posters.

Resident interviews revealed residents are aware of these outside resources and the resident handbook also contains information about the grievance process.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 11 section VII Q-R.

Agency policy #17.2 relating to youth and parent orientation.

The agency sent out a news release to the public asking the public to use the agency Tip-Line: "If You See Something, Say Something"

The Georgia DJJ uses the following web pages to inform the public about reporting resident sexual abuse or harassment on behalf of residents:

The Georgia DJJ Website <http://www.djj.state.ga.us/Employees/DJJBusinessLinks.html> and

The Georgia DJJ PREA Website <http://djjnewsandviews.org/preageorgia/video/html>

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 11 section VIII A-B, & M.

Agency policy #8.5 relating to special incident and child abuse reporting page 1 Section I. and page 13-15 section VI B

Interviews with the Superintendent and the Assistant Superintendent revealed that retaliation is closely monitored by the Assistant Superintendent. Random and nonrandom staff interviews indicates that staff are very aware of their responsibilities to report any knowledge, suspicion, or information concerning resident sexual abuse or harassment as well any retaliation against residents or staff or retaliation by staff or residents.

§115.362 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 11-12 section VIII C.

There have been no incidents in the last 12 months where the agency took any action in regards to a resident being in substantial risk of imminent sexual abuse. Policy guides the agency responses if it becomes necessary.

§115.363 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 12 section VIII E.

There have been no reports from other facilities related to sexual abuse or harassment of a resident placed in the Crisp Regional Juvenile Detention Center. Agency policy serves as the

guide should the event ever occur. Documentation of a report would give cause for a Special Incident Report being generated.

§1153.64 – 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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 12 section VIII F-G.

Agency policy #23.2 relating to sexual assault page 3 section III C & Attachment A

There have been three (3) allegations of sexual harassment but no sexual assaults allegations. The auditor observed the videos from each incident and reviewed the investigation reports as well. In every case staff took appropriate action. Staff are aware of what to do if such an event occurs according to interviews conducted.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 12 section VIII H-K.

Agency policy #23.2 relating to sexual assault page 3 section III C & Attachment A.

Staff interviews and interviews with the superintendent indicates that staff are aware of their responsibilities to coordinate responses within the facility.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 3 section III D.

There are no labor unions or collective bargaining groups in Georgia DJJ or at the Youth Services International, Inc. facility in Cordele. Any contracts within the agency/facility have the PREA information contained in the contract itself. This was verified by the auditor in reviewing all contracts in existence.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 13 section VIII M; and page 3 section VIII B. 1. A and e.

Agency policy #3.26 relating to Employee Assistance Program pages 2-3 section III A. 2 & B.3.

The Assistant Superintendent for programs is responsible for monitoring retaliation. The Superintendent is also vigilant in her responsibilities to operate the facility and protect residents and staff from retaliation.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 12.22 relating to Special Management Planning page section 1 section I.

Agency policy # 23.1 relating to PREA page 13 section VIII N.

Agency policy #8.5 relating to Special Incident and Child Abuse Reporting pages 19-20 section VII C.

Agency policy #23.2 relating to Sexual Assault page 4 section III G.

Each resident room is a single room with plumbing and there is no separate isolation room. Thus the facility can move any abuse victim or predator into another housing unit (there are four).

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 13 Section IX A.B. & C.

Agency policy #22.3 relating to Internal Investigation page 1 section I.

Agency policy #8.5 relating to Special Incident and Child Abuse Reporting page 16 VI. L & K.

Agency policy # 5.1 relating to Records Management page 1 section I and Attachment A Record Schedule # 80-0304

There have been no cases brought forward to criminal prosecution since August 20, 2012.

The PREA Coordinator explained how the process of investigation is conducted in Georgia. The agency has 21 PREA Investigators assigned by region. There are two separate investigators assigned to the Crisp RJDC.

§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)

The following information was utilized when verifying compliance with this standard:

Agency policy #32.; 1 relating to PREA page 13 section IX B.

Investigation reports were reviewed by the auditor for the three allegations that have occurred. Special Incident Reports numbers are #201307751, 201400923, and 201401399. Interviews with the assistant superintendent for programs (PREA Manager) and the PREA Coordinator said that investigation rely on a preponderance of the evidence (51%) when investigation and making a judgment.

§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)

The following information was utilized when verifying compliance with this standard:

Agency Policy #14.10 relating to Victim Rights, Services and Notification page 6-8 section IV., page 7 section IV A.3, page 7 section IV B 3 a-d, page 8 section IV. 4 a-b and section IV B 5.

There have been no (0) criminal or administrative investigations only internal investigations at this date. Therefore there have been no notices sent to residents. Policy reviews indicate the process involved meets the intent of the standard requirements should the need arise if an allegation proves substantiated, unsubstantiated or unfounded. The PREA Coordinator and PREA Compliance Manager were interviewed and they were knowledgeable about the reporting process.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 14 section X. A. B. C. D.

Agency policy #8.5 relating to Special Incident and Child Abuse Reporting page 14, 16, & 17 section VI. K-L

There have been no staff that have violated agency sexual abuse or harassment. Interviews with the Human Resources Director and the superintendent verified that there had been no substantiated allegations at the facility since August 20, 2012. Agency policies would be followed such the need arise according to the Human Resources Director.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 14 section X. F & G.

There have been no contractors or volunteers accused of any PREA violations in the last 12 months, therefore there have been no sanctions.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 16.6 relating to Disciplinary Reports and Hearings pages 1-11 Section I-IV and Attachment B-Rule Violation Grid; pages 3-5 section III D-I and Attachment A.

Agency policy # 23.1 relating to PREA page 14 section X H-J.

There have been no resident on resident sexual abuse therefore there are no instances to review. The Deputy Superintendent for Security was interviewed and she indicated the policies would be followed if such an event occurred. Residents indicated in interviews that they are aware that should the need to arise there are staff who can assist them for counselling.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 23.1 relating to PREA page 14 section XI A., page 15 section XI D., page 6 section IV C.

Agency policy #22.3 relating to Internal Investigations pages 6-7 section III R.

Agency policy # 11.13 relating to Consent Process page 3-4 section III B.5.

Agency policy # 8.5 relating to Special Incident and Child Abuse Reporting page 14 section VI. D.

During the past 12 months one resident revealed he had been sexually abused by his grandfather when the resident was four (4) years old. The grandfather passed away four years ago. A Special Incident Report was generated. There have been no other allegations made during the last 12 months. Interviews with the intake staff revealed she was aware of the need to file a Special Incident Report with the appropriate identifying code. Medical and mental health staff were aware of the informed consent process and indicated that all such information is held in strict confidence in alignment with HPPA regulations.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #2.10 relating to Youth Medical Expenses page 2 section IV A.

There have been no (0) cases to report in the last 12 month. Should the need arise the resident would be able to access emergency medical and mental health services. This was verified with interviews with medical and mental health staff. A contract exists with the local emergency room should the need arise.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 23.1 relates to PREA page 15 section XI E-G.

Agency policy # 23.2 relating to Sexual Assault page 3 section III A 4-8.

The medical and mental health staff indicated that if needed an evaluation would be conducted and if tests were needed to detect sexually transmitted infections. This is an all-male facility.

§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)
- Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 23.1 relating to PREA page 15 section XII A. 1-4

The agency has a sexual abuse incident review report. The Superintendent revealed that her management team meets at least three times each week. When the need arises management staff go over and review the details with the Superintendent completing the review reporting form. In the past 12 months there have been three (3) allegation of sexual abuse.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy # 32.1 relating to PREA page 16 section XII B.1 and Attachment G-the Requirements of a PREA Case

Agency policy # 8.5 relating to Special Incident and Child Abuse Reporting page 1 section 1 and Attachment A-the Special Incident Report Guide.

The Georgia DJJ 2013 Annual Report

The agency PREA Coordinator collects all data relating to PREA. He also completed the Survey of Sexual Abuse Violence conducted by the U.S. Department of Justice with the most PREA AUDIT: AUDITOR'S SUMMARY REPORT

recent being completed in 2013. The annual report was reviewed and found to be completed correctly according to this 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)

The following information was utilized to verify compliance with this standard:

The PREA coordinator reviews all corrective action measures. The annual report compares last year with those from prior years and also tracks progress on any recommended corrective action. The annual report for 2013 is located at <http://www.djijnewsandviews.org/preagoergia/videos.html>. The report is approved by Georgia DJJ Commissioner Avery Niles. There are no redactions in this report. The report is very precise and an excellent job was done in completing this report.

§§115.89 – 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)

The following information was utilized to verify compliance with this standard:

Agency policy #23.1 relating to PREA page 16 section XII B.5.

Agency policy #5.1 relating to Records Management page 1 SECTION I and Attachment A- Georgia Retention Schedule-Reports 80-0304

All sexual abuse and harassment information is held in strict confidence. The Georgia DJJ places its annual report on its website.

AUDITOR CERTIFICATION:

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

Jeff Rogers

June 2, 2014

Auditor Signature

Date