

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facilities

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Milan
Youth Development
Center

Physical address: 26
Pickerton Street,
Milan, Georgia 31060

**Date report
submitted:** April 7,
2015

Auditor Information

Jeff Rogers
Address: 108
Jeannette Ave,
Frankfort, Kentucky
40601

Email:
jamraat02@gmail.com

**Telephone
number:** 502-320-
4769

Date of facility visit:
March 30-31, 2015

Facility Information

**Facility mailing
address:** same as
above

Telephone number:
229-362-4344

The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" 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
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Name of PREA Compliance Manager: Alonzo
McMillian

Title: PREA
Compliance
Manager

Email address: Alonzo.mcmillian@youthservices.com

Telephone number:	Same as above
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Agency Information

Name of agency:
Georgia Department
of Youth Services

Governing authority or parent agency: Avery D. Miles, Commissioner		
Physical address: 3408 Covington Highway, Decatur, Georgia 30032		
Mailing address: same as above		
Telephone number: 404-508-6500		
Agency Chief Executive Officer		
Name: Avery D. Miles	Title: Commissioner	
Email address: not available	Telephone number: 404-508-6500	
Agency-Wide PREA Coordinator		
Name: Adam T. Barnett	Title: Agency PREA Program Coordinator	
Email address: not available	Telephone number: 404-683-6844	

AUDIT FINDINGS

NARRATIVE: The PREA Compliance audit of the Milan Youth Development Center had its on-site visit on March 30-31, 2015. A review of its relevant policies, procedures, protocol, and other documentation was reviewed prior to this on-site visit. Upon arrival the auditor met with the agency PREA Coordinator, the facility PREA compliance manager, and the facility director. The details of the auditing process was discussed and information about the facility was also discussed at this time. After this meeting took place a tour of the facility was conducted. The purpose of the tour was to ascertain the blind spots, camera locations, staffing patterns, and general observation of the residents and staff interactions. Following the tour the auditor was escorted back to the administrative conference room where the auditor selected staff and residents that needed to be interviewed. A total of 20 staff interviews occurred with nine (9) of those being random staff interviews. The rest of the staff interviews included the agency head (designee), the PREA Coordinator and facility PREA compliance manager, the human resource manager, upper level staff, staff who conduct risk assessments, medical and mental health staff, staff who monitor retaliation, and the facility director. A total of ten (10) random resident interviews. There were no additional resident interviews because none met the criteria for any other type of interview included in the audit instrument. Staff

interviews occurred in the administrative conference room while the resident interviews took place in the GED classroom. It should be noted that there had been one substantiated allegation involving voyeurism by a female staff toward a resident. The staff person was terminated from her position. This was the only sexual assault or harassment allegation filed at this facility during the previous two years.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Milan Youth Development Center (MYDC) is operated by Youth Services International, Inc. under a contractual relationship with the Georgia Department of Youth Services. The facility was acquired by YSI in 2011. Prior to that it had been operated by other state agencies. The facility is located in the town of Milan a small community located approximately 75 miles southeast of Macon, Georgia. The facility has a capacity of 150 residents but the average daily population is approximately 126. The resident racial characteristics include 76% African American youth, 13% Caucasian, 12% Hispanic and one (1) Asian Pacific resident. Of these residents 43 are receiving substance abuse treatment, and 23 residents are on the mental health caseload. All 114 (actual population during the audit) are receiving education services.

The facility provides educational services to include special education as well as GED preparation and testing. There is a medical clinic operating 12 hours each day of the week including weekends and holidays. There is a gymnasium, dining hall and kitchen, and open bay dormitories with adjacent day rooms. The Administrative functions occur in the non-secure areas of the facility. The facility is surrounded by a “first defense” fence with its top portion curved inward and covered with a fine mesh to prevent finger holds of potential escapees trying to gain access over it. There is a sally port entrance controlled by the security control center staff. The maintenance staff work out of the warehouse on the back area of the facility. The total square footage of the facility is 42,970 square feet.

The age range of the residents is 14-20 males. There have 93 new residents admitted in the previous 12 months. The average length of stay at Milan YDC is 324.1 days. There are a total of 118 staff working at the facility. There are eight open dorms but only seven are currently in use. The facility has eleven (11) volunteers. There have

been no exigent circumstances causing the staffing pattern to not be met. Overtime is required to fill any absentee staff shifts.

Number of standards exceeded: **8**

Number of standards met: **32**

Number of standards not met: **0**

Not Applicable: **1**

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

xx ☐ 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 confirm compliance with this standard:

Policy 23.1 PREA section one page 4

Policy 23.1 PREA section 2 page 3

Policy 23.1 PREA section 3A, 3B, 3C pages 3-4

The facility organizational chart was reviewed. The PREA Compliance Manager has sufficient time to perform his duties.

The Georgia Department of Juvenile Justice is extremely proactive when it comes to PREA. From the Commissioner down to the line staff, PREA is a part of every aspect of the agency and its facilities including contracted facilities such as MYDC. The Agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the Agency thus I felt the facility and state agency exceeds the standard

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

☐ 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:

Policy 23.1 PREA section XII pages 23-24.

A review of other contracts indicates the necessary PREA language is contained in the contracts

§115.313 – Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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 of this standard:

Policy 23.1 section III page 4.

The file contained a security staffing analysis, a video monitoring upgrade report, and an obstructed view report completed by Georgia DJJ staff and staff from YSI. The unannounced rounds log was also viewed. The MYDC staff and the state of Georgia are very PREA proactive in every aspect of the facility operations. In every decision made PREA is a topic of discussion

§115.14 –Reserved

§115.315 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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 the standard:

Policy 23.1 PREA section III pages 5-6. The MYDC policy does not allow cross gender searches except in the most exigent of circumstances. The auditor reviewed training information as well as sign-in sheets and reviewing individual training records. Staff interviews indicates their knowledge of this standard. Residents all reported that they are safe from cross gender viewing except for medical personnel providing medical services. The resident also reported that no female has ever conducted a pat down search of their bodies

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section III page 6

Policy 13.32 Special Education Services section II & III pages 1-2

Policy 15.10 Language Assistance Services page 1-2 and Attachment A which is a directory for residents to use to verify the language they understand.

The MYDC utilizes professional interpreters should the need arise and there is one Spanish speaking person on staff who can provide interpretations. Staff confirmed in interviews they are aware of the requirement of this standard

§115.317 – Hiring and Promotion Decisions

Xx ☐ 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:

Policy 23.1 PREA section III page 7

Policy 3.52 Background Investigations section IV page 6

Policy 3.52 Background Investigations section V page 9

The facility provided a list of those who had five year background checks or checks because of a promotional opportunity. Because the facility has only been opened since 2011 the majority of its staff had not been there for five years. A review of personnel records of 6 staff was conducted. All six records contained the necessary background checks, driving record checks, child abuse and sex abuse registry checks. The agency requires four separate background type of checks for each employee

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§115.318 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section III pages 7-8

The auditor reviewed two memos to files, one for the need of additional cameras and the other about the need to upgrade facilities. The facility and state staff have indicated a need of some additional cameras. These locations were discussed during the audit and the additional cameras will provide additional video coverage of some areas

§115.321 – Evidence Protocol and Forensic Medical Examinations

xx ☐ 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 for verifying compliance with this standard:

Policy 23.1 PREA section IV pages 8-9

Policy 22.3 Internal Investigation section 1 page 1 and Attachment A

Policy 8.42 Crime Scene Preservation

Policy 11.15 Emergency Medical Services section III page 1

The MOU with Stepping Stone Child Advocacy Center

The Georgia Bureau of Investigations Protocol

The contract with Global Diagnostic Services (for SANE or SAFE Services)

Policy 2.10 Payment of Youth Medical Services section IV page 2

If local hospitals or facilities cannot provide SANE or Safe nurses the agency has a contract with Global Diagnostic Services to provide these services at any time any location in Georgia. In addition to outside services, the facility has nurses with experience in providing counseling services to victims of sexual assault or harassment. The GBI investigation protocol is aligned with the requirements of this standard

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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 for verifying compliance with this standard:

Policy 23.1 PREA section IV page 9

Policy 22.3 Internal Investigations section 1 page 1

Policy 22.3 Internal Investigation section III pages 3-5

Policy 8.5 Special Incident and Child Abuse Reporting pages 15-16

The Georgia Bureau of Investigations Protocol

Staff interviews indicated all staff were aware of how to report and refer incidences of child or sexual abuse, or sexual harassment. In the last 48 months there has been one referral of sexual voyeurism and that investigation resulted in a staff person being fired after the referral was substantiated

§115.331 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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 for verifying compliance with this standard:

Policy 23.1 PREA section V page 10 and Attachment G

Training modules 3, 5, 7, 8A

Staff Training Report

Refresher training roster

A review of training records acknowledgement forms and a signed statement from the facility director that all staff had been trained or retrained in PREA. The training report backs up the signed statement. The interviews with staff revealed that they are aware of their responsibilities under PREA

§115.332– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section V page 10

Policy 1.7 Citizens and Volunteers pages 2, 4, 5, 7, 9, & 10

The facility has 11 volunteers and eight (8) contractors

A sampling review of their credentials and files indicate that training has been completed for these people

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115.333-Resident Education

xx ☐ 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:

Policy 23.1 PREA section V pages 10-11

Posters in English and Spanish in all of the dorms, classrooms, and any other place of assembly. The training also includes watching videos about PREA. The residents are also given handbooks that outline all of the PREA guidelines. PREA is also discussed in classrooms, and in group settings. Resident interviews indicates a high level of understanding about PREA among those interviewed. Signed acknowledgement forms of receiving PREA training were reviewed as well

§115.334 – Specialized Training: Investigations

xx ☐ 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:

Policy 23.1 section V page 11

The Georgia Department of Juvenile Justice has a specialized unit that conducts investigations in Georgia DJJ facilities including those operated by YSI. This unit has 27 investigators trained in PREA and within this unit are three (3) additional specialized PREA investigators. Training records were reviewed and found compliant with requirements

§115.335 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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 is utilized to verify compliance with this standard:

Policy 23.1 PREA section V page 11

PREA training modules 2-8

Certificates of completion of training by medical/mental health staff

The nursing staff interviewed indicated a high level of understanding of PREA and their responsibilities when or if the occasion arises

§115.341 – Screening for Risk of Victimization and Abusiveness

xx☐ 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:

Policy 23.1 PREA section VI pages 12-13

Policy 17.3 Custody and Housing Assignments section IV Pages 1-3

Policy 17.3 section V section V pages 1-9

Georgia DJJ has a very unique risk assessment process. The various individual risk assessments such as Medical, Mental Health, Nurse Health Appraisal, Physical Examination; Education and other risk factors are plugged into a data base program that compiles and populates the required PREA information into a single report titled "PREA Screening Report" (PSR). The Facility's Director, Lieutenant Level or higher designee will review the PREA Screening Report to make the determination of the youth's vulnerability for victimization. Housing assignments and other PREA related decisions by having all of the necessary information to make an informed decision. Thus to control security and preserve confidentiality a single person only has access to all pertinent information, and controls the dissemination of information on a need to know basis

§115.342 – Use of Screening Information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☐ 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:

Policy 23.1 PREA section VI pages 13-14

Policy 16.6 Services in Confinement section I-IV pages 1-7 and Attachment A

At the date of this writing there had been no transgendered or intersex residents at this facility. There is sufficient policy and procedure that guide staff in making their decisions about housing and reviews of these placements in the time frame referenced by the standard

§115.343 – Reserved

- ☐ 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)

§115.351 – Resident Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☐ 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:

Policy 23.1 PREA section VII pages 14-15

Policy 17.1 Admissions to a Secure Facility section III page 2-3 and Attachment A
(notifications of Foreign Nationals contact information)

15.2 Grievance Process page 2

There are multiple ways for residents to report sexual abuse, harassment, or retaliation for making a report including a 1-800 number, telling a trusted staff member, a grievance or complaint form, and through third parties such as parents. Above each resident phone is a list of telephone numbers that provide at least two separate numbers to access assistance related to sexual abuse or harassment. Residents all indicated there is a phone in E Dorm's day room where they can make a report, without anyone else being allowed in the room to preserve confidentiality. Staff members also confirmed that they can privately make a report of sexual abuse or harassment. There are also lists of telephone numbers and addresses as well as posters with reporting information throughout the facility

§115.352 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section VII page 16

Policy 15.2 Grievance Process section I-IV pages 1-5

The policies and protocols guide facility staff that complies with the requirements of this standard. The policy meets all time frames established by the standard. Residents reported being able to file a grievance through third parties and that private meetings between attorney or their parents are available. There is also an emergency grievance procedure in place

§115.353 – Resident Access to Outside Confidential Support Services

xx☐ 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:

Policy 23.1 PREA section VII page 15-16

Policy 17.1 Admissions and Release section III pages 2-3

Stepping Stone Child Advocacy Center MOU

Universal Health Care Systems MOU

Break the Silence poster

Advocacy Support Services for Milan MOU

Policy 15.3 Youth Access to the Courts

Policy 15.5 Youth Visitation

Policy 15.6 Access to Mail

Resident interviews indicate compliance with the requirements of this 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)

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

Policy 23.1 PREA section VII pages 16-17

Commissioner Niles News Release and how to report abuse.

The agency's tip line

The agency's website address

Each of the documents reviewed show that there are several ways to report abuse by third parties

§115.361 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section VIII page 17

Policy 8.5 Special Incident and Child Abuse Reporting section I page 1

Policy 8.5 Special Incident and Child Abuse Reporting section VI pages 14-15

The agency and facility offers ways for staff to report sexual abuse, harassment and retaliation. Staff interviews indicate they are aware of these reporting requirements that include calling a hotline, reporting to their immediate supervisor or shift commander. Medical staff are also aware of providing informed consent for residents 18 and over and this is documented. Staff at MYDC keep other agencies such as child welfare or community workers informed if abuse is alleged by a resident on their caseloads

§115.362 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section VIII page 17-18

There have been no reports in the last 24 months

§115.363 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section VIII page 17

There have been no reports in the last 24 months

§115.364 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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 for verifying compliance with this standard:

Policy 23.1 PREA section VIII page 18

Policy 23.2 Sexual Assault section III 3 and Attachment A

Staff interviews revealed that staff are aware of their first responder duties. Policy guides them in the responsibilities as first responders

§115.365 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section VIII page 19

23.2 Sexual Assault section 3 page 3 and Attachment A

These documents outline how responses are coordinated between staff

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Xx Non-Applicable

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

There is no collective bargaining groups in the agency or this facility, thus it is not applicable to this facility

§115.367 – Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☒ 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:

Policy 23.1 PREA section VIII page 19

Agency and facility management indicate that retaliation will be monitored for as long as necessary even going beyond the 90 day requirement if necessary. There is a log to maintain documentation and insure that time frames are met be it a staff member being retaliated against or a resident

§115.368 – Post-Allegation Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☒ 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:

Policy 23.1 PREA section VIII pages 19-20

Policy 12.2 Special Management Planning section I page 1

Policy 8.5 Special incident and Child Abuse Reporting section VII pages 19-20

Policy 23.2 Sexual Assault section III page 4

The requirements of this standard are governed by four separate policies. If there was a need for protective custody these guidelines will be followed. There has been no need for protective custody to date

§115.71 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section IX page 19-20

Policy 22.3 Internal Investigations section I page 1

Policy 8.5 Special Incident and Child Abuse Reporting section VI page 16

There has been one substantiated allegation of sexual voyeurism against a staff member. That person was terminated. The internal investigation was conducted according to PREA standards. The incident occurred September 23, 2014. No criminal charges were filed

§115.372 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section IX page 20

The agency/facility has set a preponderance of the evidence in determining whether sexual assault or harassment has been substantiated because of an investigation

§115.373 – Reporting to Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section IX pages 20-21 and Attachment 1 which is titled Resident Notification of Investigation Outcome

On September 23, 2014 a substantiated allegation resulted in the resident that was involved in the incident did receive notification of the results of the investigation

§115.376 – Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☒ 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:

Policy 23.1 PREA section X page 21

The one allegation filed September 23, 2014 involving a sexual assault or in this case voyeurism resulted in the staff member being terminated from her job

§115.377 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☒ 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:

Policy 23.1 PREA section X page 21

There has been no sexual abuse or harassment allegations against any volunteers or contractors at this facility. Policy is in place to govern this type of situation should it occur

§115.378 – Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☒ 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:

Policy 16.5 Disciplinary Reports and Hearings section I, II, III, and Attachment B (rule violation grid)

There has been no violations by residents in relation to this standard. Policy and procedure is in place and a hearing process is in place. The agency prohibits any type of sexual relations between residents or residents and staff

§115.381 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx☐ 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:

Policy 23.1 PREA section VI page 13

Policy 23.1 PREA section XI page 22

B6P Sexual Abuse/Sexual Exploitation Occurring off DJJ Property form (this form is part of the intake process if occurrences have happened involving a resident)

Should there be an occurrence of sexual abuse or harassment follow up services would be offered to the victim or perpetrator within 14 days or as the nursing staff said, immediately. A signed informed consent form would be utilized if either perpetrator or victim was 18 or above. For those under 18 the nursing staff would explain any procedures should they occur.

There has been no occurrences

§115.382 – Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section XI page 22

Policy 23.1 PREA section IV page 9

Policy 2.10 Youth Medical Expenses section IV page 2

The facility has the necessary policy and procedures to guide staff through any medical or mental health emergency. There has been no occurrences related to a sexual assault or harassment allegation

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section XI page 22

Policy 23.2 Sexual Assault section III page 3

The facility has the necessary policy and procedure to guide them through any situation should it arise. Staff at the facility will provide ongoing medical or mental health treatment because of any occurrence of sexual abuse or harassment

§115.386 – Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section XII page 23

There has been one substantiated sexual voyeurism incident where a staff member was terminated. A thorough review taking into consideration the requirements of this standard was conducted. This review is documented

§115.387 – Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☒ 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:

Policy 23.1 PREA section XII page 23 and Attachment K (Requirement of a PREA case)

Policy 8.5 Special Incidents and Child Abuse Reporting section I page 1

2013 Annual Report

The agency has collected information from all of its facilities and published the information in its annual report which is available at the DJJ website

§115.388 – Data Review for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx☒ 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:

Policy 23.1 PREA section XII page 23-24

2013 Annual Report

DJJ Website

The Georgia Department of Juvenile Justice has compiled data and identified any problem areas in its report and took corrective action when necessary. The 2014 Annual Report will be publish a little later in this year of 2015

§§115.389 – Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

xx ☐ 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:

Policy 23.1 PREA section XII page 23-24

2013 Annual Report

The agency makes available to the public information related to PREA on its website. No names or other identifiers are used in the report

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

April 7, 2014

Auditor Signature

Date