

JUVENILE DIVISION

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DJJ Incident Response and Management Problems Identified in Various Incident Response Processes

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Why we did this review

The Georgia Department of Juvenile Justice (DJJ) was established to provide supervision, detention, and rehabilitation of youth offenders committed to the state's custody. DJJ is responsible for ensuring youth's safety and protection of youth rights within its secure facilities. This audit determined incident trends and outcomes in secure facilities, as well as evaluated the effectiveness of the incident response process and controls to reduce the occurrence of incidents and improve incident response.

About the Department of Juvenile Justice

DJJ was established in 1992 and currently operates 25 secure facilities across the state—19 Regional Youth Detention Centers (short-term facilities) and 6 Youth Development Centers (long-term facilities). In fiscal year 2022, DJJ had an average daily population of 969 youth in secure facilities with a total bed capacity of nearly 1,800. In fiscal year 2022, secure facilities accounted for 68% (\$229 million) of DJJ's \$335 million expenditures.

DJJ Incident Response and Management

Problems Identified in Various Incident Response Processes

What we found

While the number of incidents decreased between fiscal years 2018 and 2022, we identified issues with agency responses to the incidents that did occur. Issues related to incident reporting, isolation, discipline, and investigations can impact DJJ's ability to ensure a safe and secure environment and hold youth and staff accountable for their actions.

Improved data and additional oversight are needed in multiple areas.

The lack of complete and accurate information hinders DJJ management's ability to adequately monitor how facilities—and the agency overall—are preventing and responding to incidences, as discussed below.

- **Grievances** – Youth grievances are not centrally tracked and therefore cannot be easily monitored to ensure timely and appropriate resolutions. Furthermore, systemic issues and problems involving particular facilities and staff may be missed.
- **Isolation** – Data is not tracked in a way that allows for easy analysis of isolation duration and frequency or comparisons among facilities. In addition, isolation usage is under-reported because not all facilities consistently enter the data.
- **Discipline** – Youth disciplinary data is incomplete, and improved guidance and oversight are needed to ensure that sanctions of youth are imposed appropriately. Additional oversight of employee discipline is also needed—we found that there was not always documented action when allegations against staff are substantiated.

DJJ's internal audits serve as a valuable monitoring function for identifying relevant issues. However, the audits are not conducted as frequently as required and identified issues are often not corrected.

Policies and processes align with best practices in some respects, but we identified weaknesses.

DJJ policies related to grievances, isolation, and discipline align with many best practices. For example, DJJ's grievance policies provide for multiple methods for submitting grievances and stipulate that youth must be informed of the process, always have access to secure boxes, and not face retaliation for submitting a grievance.

However, we identified weaknesses in how the policies and processes are designed. For example, DJJ lacks a maximum time for isolation, and isolation duration has increased since 2018. In addition, DJJ's youth disciplinary process is inefficient and surveyed staff lack confidence in the process—42% disagreed that sanctions are applied to youth consistently and 40% disagreed that sanctions serve as an effective deterrent to youth misbehavior. Lastly, we found that grievance policies need clarification regarding issues such as emergency grievances and appeals to better ensure youth safety.

Staffing, training, and culture impact compliance with policies.

Facility staff do not always comply with the agency policies related to incident response. Staffing levels, training, and the atmosphere within some facilities likely contribute to the noncompliance.

- Regarding incident reporting, nearly 40% of survey respondents indicated that incidents are not always reported for reasons including lack of consequences for those involved, unawareness of reporting requirements, and fear of retaliation from other staff. When incidents are reported, staff do not consistently follow policies regarding required notifications and administrative reviews.
- Internal audits found that most facilities do not adhere to isolation policies regarding initial approvals, extensions, and mental health consultations. Internal audits also found that facilities do not consistently follow disciplinary procedures, resulting in frequent administrative dismissals and youth avoiding consequences. Staffing limitations were cited as a contributing factor.
- While most investigations are completed in a timely manner, 41% (122 of 294) of those related to sexual abuse and sexual harassment in fiscal years 2020-2022 were not completed within the 30-day goal stated in policy.

What we recommend

We recommend that DJJ improve data collection and analysis and provide additional management oversight. Specifically, DJJ should centrally track grievance data and implement controls to ensure isolation data and disciplinary data are complete and accurate. DJJ management should routinely review the data to identify potential problems, such as overuse of isolation or inconsistent youth sanctioning. DJJ should also improve oversight of the employee discipline process to ensure appropriate action is always taken when allegations are substantiated. Lastly, DJJ should conduct facility audits more frequently and hold facilities accountable for addressing internal audit findings.

We also recommend that DJJ strengthen policies and processes related to grievances, incident reporting, isolation, and youth discipline. This includes establishing maximum isolation times, streamlining the administrative requirements for imposing youth discipline, and clarifying grievance resolution procedures. To ensure policies are executed as intended, DJJ should maintain adequate staffing and enhance training.

See [Appendix A](#) for a detailed listing of recommendations.

Agency Response: DJJ generally agreed with most recommendations but expressed concerns with portions of the findings. Specific responses are included at the end of each finding.

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Purpose of the Audit

This report examines the Georgia Department of Juvenile Justice's (DJJ) incident response and management. Specifically, our audit set out to determine the following:

- What are the incident trends and outcomes in secure facilities?
- Does DJJ have an effective incident response process that is followed in a consistent and timely manner?
- To what extent does DJJ have effective controls to reduce the occurrence of incidents and improve incident response?

A description of the objectives, scope, and methodology used in this review is included in [Appendix B](#). A draft of the report was provided to DJJ for its review, and pertinent responses were incorporated into the report.

Background

DJJ Overview

The Georgia Department of Juvenile Justice (DJJ) was established in 1992 to provide supervision, detention, and rehabilitation of youth offenders committed to the state's custody. DJJ admits youth (up to age 21) to a program after arrest or after they have been through a juvenile court hearing and then supervises youth throughout their sentence. This includes medical, mental health, treatment, and educational services in secure facilities as well as community-based programs.

DJJ operates 25 secure facilities across the state as shown in [Appendix C](#) – 19 Regional Youth Detention Centers (RDYCs) and 6 Youth Development Centers (YDCs). RDYCs are short-term facilities for youth awaiting trial or placement, while YDCs are long-term facilities for youth who have been committed after a juvenile court proceeding (see [Exhibit 1](#)). Facilities vary in size, ranging from 30 to over 150 beds, with a total bed capacity of 1,800. Following a steady decline in average daily population (approximately 1,300 to 930 between fiscal years 2018 and 2021), the population increased to approximately 970 in fiscal year 2022.

DJJ is responsible for ensuring these facilities provide a safe environment and that youth rights are protected. As part of this responsibility, facilities must effectively respond to “special incidents” that range from behavioral infractions to physical and sexual assault. The more serious incidents escalate into investigations that can result in criminal charges against youth or staff. Investigations can also originate from grievances submitted by youth or complaints received from youth, family members, or other advocates.

Exhibit 1

DJJ Operates 25 Secure Facilities with Total Bed Capacity of 1,800 (FY 2022)

	RYDCs	YDCs
Reason for Stay	Pre-adjudicated, Awaiting Trial, Awaiting Placement	Post-adjudicated, Designated Felon, Awaiting Transfer
Number of Facilities	19	6
Typical Length of Stay	3 days - 1 month	1 - 3 Years
Typical Age of Youth	15/16 Years	17+ Years
Total Bed Capacity	1,204	596
Average Daily Population	735	234

Source: Agency documents

Organization and Staffing

As shown in **Exhibit 2** and discussed below, the primary units involved with incident response and related functions are the Secure Facilities Division, Office of Investigations, and Office of Continuous Improvement.

- Secure Facilities Division** – The division oversees the 19 RYDCs and 6 YDCs throughout Georgia. Facilities are primarily staffed by POST-certified¹ juvenile correctional officers (approximately 520) who are responsible for the secure operation of the facility. Correctional officers must follow protocols to ensure safety (e.g., conducting unannounced rounds) and intervene if an incident, such as a physical altercation, occurs. Officers are also responsible for documenting incidents and completing disciplinary reports when a youth violates a rule. In addition, facilities have designated staff in roles supporting the grievance process, incident reporting, and youth discipline. Facility directors and regional administrators provide oversight.
- Office of Investigations (OI)** – OI conducts investigations into incidents involving youth and staff. OI staffing includes 14 regional investigators, 6 investigators in the Prison Rape and Elimination Act (PREA) unit, and 7 investigators in the Special Investigations units that oversee gang activity and information collection. Most investigators are POST-certified.

According to policy, OI investigates all incidents involving death, child abuse, sexual assault, sexual harassment, use of chemical agent or deadly force, firing weapons, hostage taking, and escapes. Depending on circumstances (e.g., injury severity), OI may also investigate physical altercations, group disturbances, child neglect, inappropriate use of force, youth lewd/lascivious behavior, and accidental injuries. Investigations may be limited to violations of DJJ policies or may involve alleged criminal activities by youth or staff.

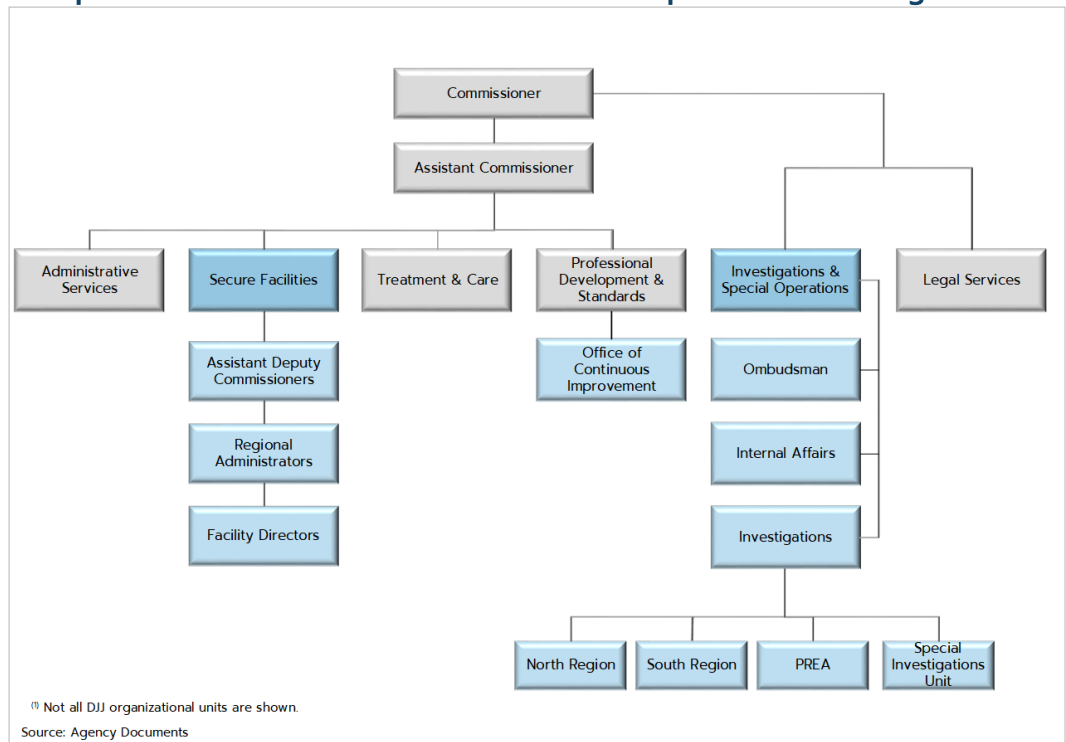
¹ Correctional officers are required to complete a 240-hour Peace Officer Standards and Training (POST) course within their first six months of employment.

- Office of Continuous Improvement (OCI)** – Under the Division of Professional Development and Standards, OCI conducts internal audits of secure facilities to assess compliance with DJJ policies and standards. OCI is staffed by 12 auditors, each with specialized areas such as nursing, mental health, and incident reporting. Policy requires OCI to audit each secure facility at least every other year.

In addition to the divisions/offices described above, other DJJ units are also involved in incident response and management. For example, Human Resources and Legal Services are consulted regarding discipline for employee misconduct incidents and the Ombudsman’s Office handles complaints and functions as an advocate for committed youth.

Exhibit 2

Multiple Divisions are Involved in Incident Response and Management¹



Special Incidents

A special incident is defined as an event that interrupts normal procedure or precipitates a crisis. As discussed below, most incident types involve a youth infraction or a staff infraction. DJJ has established nearly 60 incident codes to categorize incident types, and it is common for a single incident to be assigned multiple codes (e.g., youth-on-youth physical altercation that leads to use-of-force when officers intervene). A complete list of incident codes and descriptions is provided in [Appendix D](#).

- **Incidents involving youth infractions** – These include behavioral infractions (e.g., bullying, minor property damage), physical altercations, contraband, gang activity, lewd/lascivious behavior, and youth-on-youth sexual harassment and sexual abuse.
- **Incidents involving staff infractions** – These include inappropriate use of force, child abuse and neglect, employee misconduct (e.g., cursing at youth), mistreatment of youth (e.g., slapping or kicking youth), improper performance of duties, and staff-on-youth sexual harassment and sexual abuse.
- **Other incident types** – Other incident types include youth self-harm behaviors, accidental injuries resulting in medical attention, and use of force (applied whenever staff utilize physical restraint). In addition, sexual abuse/exploitation occurring when a youth is *not* in DJJ custody is also considered an incident (e.g., if a youth reported prior abuse during intake).

When an incident occurs, staff are required to document and report the incident by the end of their shift. Incidents can result in immediate isolation if the youth is exhibiting aggressive or threatening behaviors and/or discipline if the youth has violated a rule. If an incident involves serious allegations against a youth or staff, the case is referred for investigation. Incident reporting, isolation, the disciplinary process, and investigations are discussed in greater detail below. These processes are critical for ensuring a safe and secure environment for youth committed to the state's care.

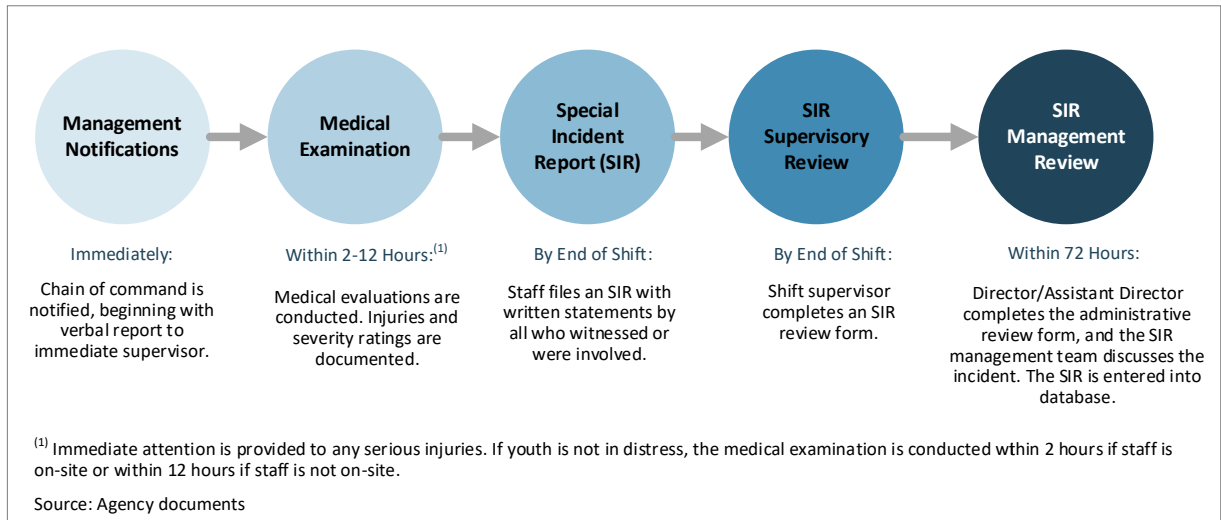
Incident Reporting

DJJ's process for incident reporting includes specific timelines for each stage to ensure it is completed within 72 hours of the incident's occurrence (see **Exhibit 3**). Immediately following an incident, staff verbally notify their immediate supervisor; notifications may continue along the chain of command based on the seriousness of the incident. If needed, medical attention is provided within 12 hours depending on severity (attention for serious injuries is immediate). Before the end of their shift, staff must complete a special incident report (SIR) to officially document the incident, any injuries, and statements from youth and staff who were involved or witnessed the incident. The shift supervisor ensures that the SIR paperwork and supplements are complete.

The facility director conducts an administrative review of SIRs and determines the appropriate incident code(s), which may involve a consultation with the regional administrator or the Office of Investigations. The director also reviews the incidents during routine SIR team meetings with medical, mental health, security staff, and the SIR coordinator. After the review, SIRs are entered into the SIR database (this must be done within 72 hours of the incident's occurrence).

It should be noted that DJJ facilities also have "in-house SIRs" that are not entered into the agency database. In-house SIRs typically involve minor accidental injuries to youth.

Exhibit 3 Incident Response & Reporting Process Should Be Completed Within 72 Hours



Isolation

If an incident involves a youth acting in an aggressive or disruptive manner or posing a threat, the youth may be placed in isolation in their locked room or in a separate isolation unit. As shown in **Exhibit 4** and discussed below, DJJ distinguishes between two types of isolation – apparent behavior and imminent threat. For both types, youth still receive necessary services (e.g., education) and should be released once they no longer present a threat.

- **Apparent behavior** occurs when a youth is exhibiting threatening or dangerous behavior, such as physical aggression. Apparent behavior isolation is approved in 4-hour segments, with the first 8 hours approved by the facility director. At 8 hours and 12 hours, isolation must be approved by the regional administrator and assistant deputy commissioner, respectively. Mental health staff evaluate isolated youth at 4 hours.²
- **Imminent threat** occurs when a youth is not actively exhibiting aggressive behavior, but the youth presents a credible safety or security threat. For example, if a youth threatens to fight another youth the next time they encounter them, staff may isolate youth to mitigate the issue. Initial approval is required by the regional administrator, who then reauthorizes the isolation daily thereafter when needed. Isolated youth are assessed by mental health staff at least daily.

² The evaluation at the 4-hour mark can be in person or on call if after hours (i.e., holidays or weekends) and can be the first in-person clinical contact between mental health staff and isolated youth. For the initial approval, the facility director consults with mental health staff, either in person or via phone.

Exhibit 4 DJJ Has Established Guidelines for Two Types of Isolation

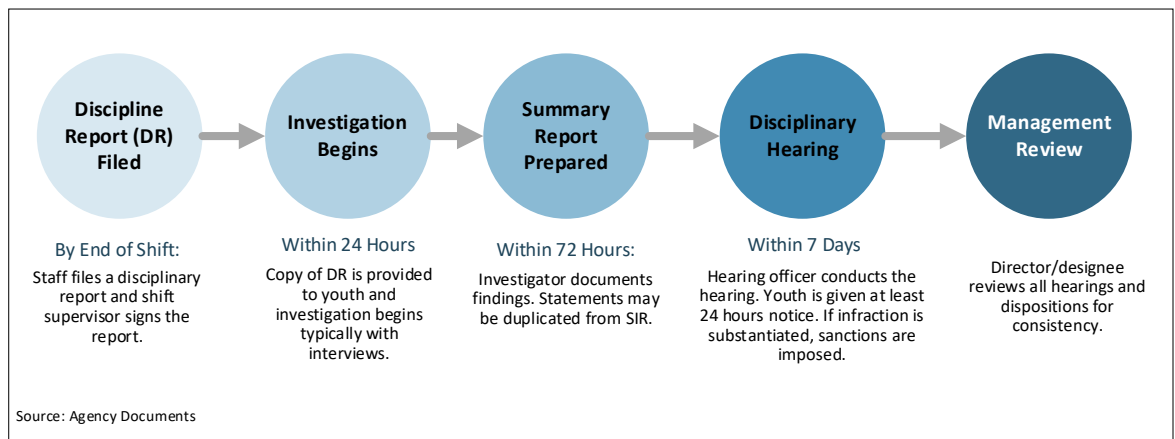
	Apparent Behavior	Imminent Threat
Description	For youths exhibiting seriously disruptive, threatening, or dangerous behavior	For youth not actively exhibiting aggressive or disruptive behavior who present a credible threat to the safety and security of the facility
Initial Authorization	Approving authority (facility director, assistant director, or admin duty officer)	Regional administrator/designee
Extensions	1st Extension (4-8 hrs) - approving authority; 2nd Extension (8-12 hrs) - regional administrator 3rd Extension (12+ hrs) - assistant deputy commissioner	Regional administrator/designee approves daily
Monitoring	Youth are observed and behaviors documented every 15 minutes. Mental health staff evaluate youth for clinical stability following each 4-hour extension.	Youth are observed and behaviors documented every 15 minutes. Mental health staff assess youth daily.

Source: Agency documents

Youth Disciplinary Process

The disciplinary process is initiated if an incident involves a youth rule violation, including behavioral infractions (e.g., bullying), physical altercations, and contraband. As shown in **Exhibit 5**, the disciplinary report details the rule violation, actions taken by staff, and witness statements. A staff member (who was not involved in the incident) investigates the infraction, and if it is determined there is probable cause and sufficient evidence, a disciplinary hearing will take place. The process is designed so the disciplinary hearing occurs within seven days after the disciplinary report is filed.

Exhibit 5 Disciplinary Process Involves Initial Report, Investigation, and Hearing



During the disciplinary hearing, a hearing officer explains the youth’s rights and reviews the disciplinary report. If the youth is found guilty, the hearing officer imposes sanctions, which may include early bedtime, specific activity restrictions,

or writing assignments. The facility director reviews the decision, and youth have the right to appeal the outcome. A list of all rule violations and sanctions is provided in [Appendix E](#).

Investigations

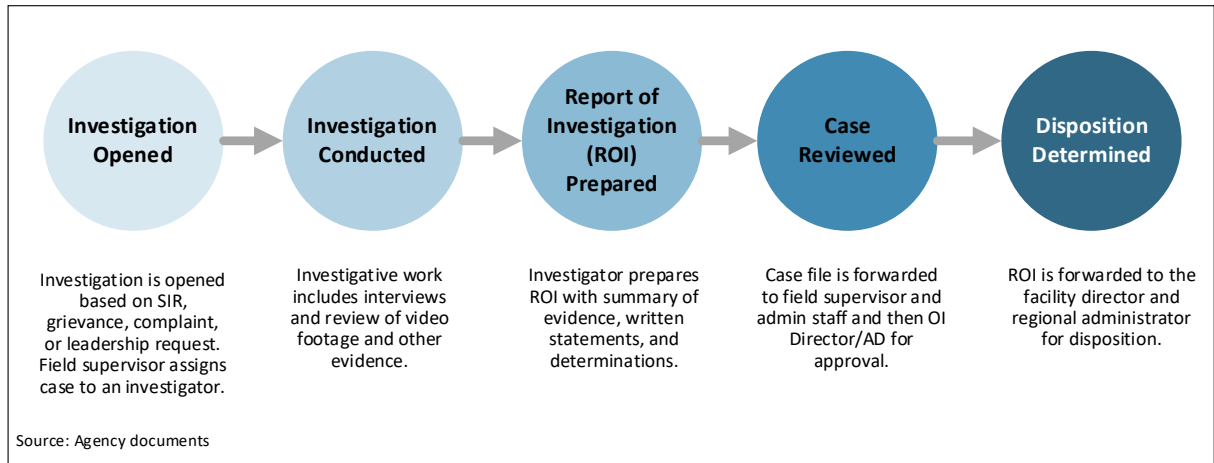
Certain SIR incident codes trigger referral to the Office of Investigations (OI); these include infractions committed by youth and staff (see [Appendix D](#)). While most investigations arise from the SIR process, investigations may also be initiated as a result of a grievance, complaint, or request from agency leadership.

As shown in **Exhibit 6**, the typical investigation involves interviewing, reviewing video footage, and assessing other evidence. The investigator prepares the report of investigation (ROI), which summarizes the evidence and determines whether the allegations are substantiated. When allegations against staff are substantiated, the ROI is typically submitted to the facility director for disposition, which may include letters of concern and written reprimands or an adverse action (e.g., termination or suspension). The regional administrator and assistant deputy commissioner approve the disposition, and human resources and legal services are also involved for adverse actions.

Substantiated allegations can result in criminal charges against a youth or staff in the district where the offense occurred. OI management have stated that decisions to prosecute generally vary based on the location of the offense.

Exhibit 6

Investigators Review Evidence to Determine Whether Allegations are Substantiated



Grievances and Complaints

Grievances and complaints can also lead to special incident reports and investigations. For example, if a youth submits a grievance alleging that an officer made inappropriate comments, the grievance coordinator would complete an SIR form and an investigation may be triggered. The processes for submitting grievances and complaints are described below.

- **Grievances** – Youth may file grievances regarding any condition they deem to be unjust by completing a form and placing it in one of several grievance boxes in each facility. A grievance coordinator collects the forms daily, reviews each grievance, and provides a resolution. Youth unsatisfied with the resolution may appeal to the facility director and then to the ombudsman. Grievances that meet criteria for incident codes are escalated as an SIR.

Regional administrators conduct quarterly quality assurance reviews of grievances to monitor compliance with timeliness and other policy requirements.

- **Complaints** – Complaints can be submitted through the ombudsman’s office or through an online form. Parents or other concerned citizens can email or call the ombudsman’s office, and youth may call the ombudsman by pressing a single button on the housing unit phones. DJJ also collects complaints through the tip form on the agency’s website.

Audits and Reviews

As discussed below, DJJ facilities are subject to multiple reviews intended to ensure compliance with state and federal requirements. These include routine internal audits, federal audits, and accreditation reviews.

- **Internal Audits** – Under the Office of Professional Development and Standards, OCI conducts internal audits at each facility. The audits assess each facility’s compliance with agency policies and standards, including safety and security measures, incident reporting, isolation, discipline, and the grievance process, as well as other agency functions. Following the audit, facilities develop corrective action plans.
- **Federal PREA Audits** – The Prison Rape Elimination Act (PREA) was enacted to detect, prevent, and reduce sexual abuse and sexual harassment within correctional facilities. The U.S. Department of Justice has published national PREA standards for juvenile facilities, requiring facilities to establish zero tolerance policies toward sexual abuse.

Each DJJ facility undergoes an external compliance audit on a three-year cycle. These audits review relevant agency policies and compliance (such as observing youth to staff ratios) and facility specific risk (such as potential blind spots in camera footage). Noncompliant findings can be addressed through corrective action, taking up to 180 days to be fully compliant.

- **ACA Accreditation** – The American Correctional Association (ACA) develops performance-based standards and practices to ensure facilities are operating safely and effectively. The accreditation process typically takes 12 to 18 months, during which facilities sign a contract with the ACA, complete a self-evaluation report, and are audited to assess compliance with the applicable standards. Accreditation is granted for three years, after which facilities must undergo the reaccreditation process. Ten of DJJ’s 25 secure facilities are ACA accredited; accreditation is not required.

Financial Information

As shown in **Exhibit 7**, secure facilities account for approximately 68% of DJJ’s total expenditures of \$335 million. Secure facilities include YDCs (29%) and RYDCs (40%). DJJ’s OI falls within Departmental Administration, which accounts for approximately 7% of agency expenditures.

Exhibit 7

YDCs and RYDCs Account for Most of DJJ’s Expenditures

	FY20	FY21	FY22
Secure Commitment - YDC	\$ 91,478,544	\$ 83,381,865	\$ 96,524,107
Secure Commitment - RYDC	\$ 128,255,819	\$ 122,385,888	\$ 132,901,192
Departmental Administration	\$ 24,837,053	\$ 22,458,162	\$ 24,151,022
Community Services	\$ 101,843,782	\$ 91,038,069	\$ 81,364,720
Total DJJ Expenditures	\$ 346,415,199	\$ 319,263,983	\$ 334,941,040
Source: TeamWorks Financials			

Findings and Recommendations

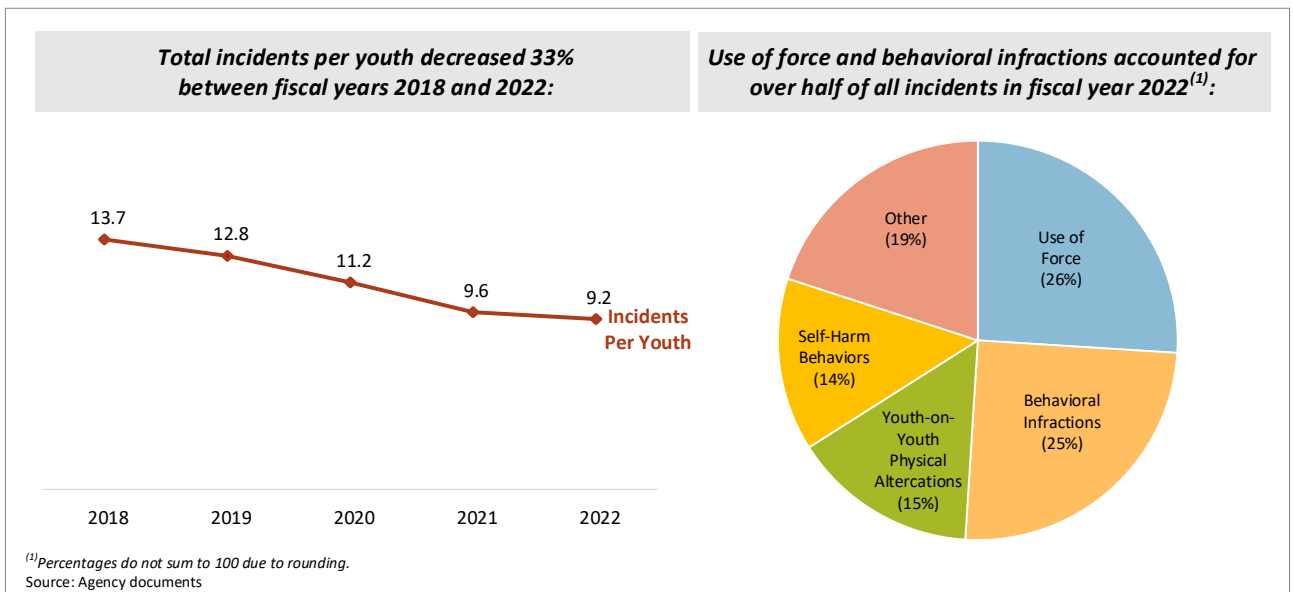
Finding 1: While the number of incidents in DJJ facilities have decreased in the last five years, we identified issues with DJJ’s response to the incidents that did occur.

Incidents consist of a range of events—from behavioral infractions to death—that interrupt normal procedures or induce a crisis. Some reported incidents (e.g., employee misconduct, sexual abuse) are determined to be unsubstantiated upon further investigation.

The number of incidents decreased between fiscal years 2018 and 2022, but serious incidents continue to occur. We also identified issues with the processes used to respond to these incidents—including reporting, isolation, facility-level discipline, and investigations—which are discussed throughout the report.

Between fiscal years 2018 and 2022, total incidents decreased by nearly 50% from approximately 17,600 to 8,900, and the number of incidents per youth³ decreased by 33%—from 13.7 to 9.2 (see **Exhibit 8**). The most significant decrease in total incidents (33%) occurred between fiscal years 2020 and 2021—likely due to COVID-19, which limited youth interaction. In fiscal year 2022, incidents per youth by facility ranged from 3 to 22, with variations caused by differences including youth served (e.g., criminal history), safety and security protocols, and facility culture. Additionally, as discussed further in **Finding 3** on page 18, some facilities may underreport incidents.

Exhibit 8
Incidents Have Decreased between Fiscal Years 2018 and 2022



Between fiscal years 2018 and 2022, the most common types of incidents included staff use of force,⁴ youth behavioral infractions, self-harm behaviors,

³ Youth is defined as the average daily population, which is calculated by dividing the total number of days all placed youth spent in a facility by the number of days in a specified period.

⁴ A “use of force” code is applied whenever DJJ staff employ any physical intervention (with or without a mechanical restraint). Inappropriate use of force is classified separately with its own incident code.

and youth-on-youth physical altercations. These incident types have decreased overall; however, several more serious incident types have increased. Between fiscal years 2018 and 2022, staff-on-youth sexual abuse increased from 8 to 17 incidents, and youth-on-youth sexual abuse increased from 24 to 58 incidents. Further, in fiscal year 2023, three youth died in DJJ facilities compared to zero deaths between fiscal years 2018 and 2022.

While the incident trend data is positive overall, we found issues with DJJ's processes related to incidents, which are discussed throughout the report. These include:

- **Grievances** – Youth may submit grievances when they have a formal complaint, and a grievance coordinator must respond within 72 hours. As discussed in **Finding 2** on page 13, approximately 20% of grievances were not responded to within the required time frames and some grievance resolutions were vague. In addition, grievances involving a reportable incident were not always documented in a special incident report (SIR) as required by policy.
- **SIR reporting** – All DJJ staff are required to document incidents using SIRs. As discussed in **Finding 3** on page 18, DJJ does not consistently adhere to incident reporting requirements related to notifications, administrative reviews, and data collection and analysis.
- **Isolation** – Isolation may be used to restore order when youth are physically aggressive, disruptive, or presenting a credible threat. As discussed in **Finding 4** on page 23, isolation duration has been generally increasing, and facilities are not complying with isolation policies.
- **Facility discipline** – Incidents involving youth rule violations and behavioral infractions (e.g., physical altercations, contraband) are handled through the facility's discipline process. As discussed in **Finding 5** on page 29, facilities do not consistently adhere to discipline policies, resulting in the dismissal of youth disciplinary cases.
- **Investigations** – Serious incidents are referred to DJJ's Office of Investigations (OI) for criminal or administrative investigations. As discussed in **Finding 6** on page 34, some investigations are not completed within time frame goals, and DJJ does not always ensure that action is taken when allegations against staff are substantiated.

As noted throughout the report, insufficient management information and oversight appears to be a contributing factor in multiple areas. Some procedures, such as the grievance process, are tracked at the facility level and are not adequately reviewed by upper management. We also identified problems with reported data on facility discipline and isolation, which limits management's ability to sufficiently monitor these processes. As discussed in **Finding 7** on page 38, while DJJ conducts internal audits to assess facilities' compliance with policies and procedures, audits are not conducted as frequently as required, and identified issues are often not corrected.

Agency Response: DJJ agreed with the need for continuous process improvements and plans to continue committing resources to this goal. DJJ also noted its focus on reducing incidents in all facilities, which is confirmed by the downward trend over the last four years. While DJJ recognized the need for improvement, it also expressed concerns regarding conclusions drawn from report examples that are “based on a small dataset or mere allegations with minimal consideration of the context or the validity of such allegations” or “the overarching agency responsibilities.” DJJ also noted that there may be occasions when it is necessary to deviate from policy to protect the youth, staff, and public.

In addition, DJJ provided general comments on facility oversight and safety and staffing, as discussed below.

- *Facility oversight – DJJ is conducting an executive review of the regional administrators’ role and responsibilities to ensure alignment with policy. Each division is collaborating with the IT team to develop more meaningful reports to improve oversight of key operational areas. The divisions are also working together to build one high level report to improve oversight, transparency, and decision making regarding policies and practices. DJJ believes this will improve coordination among regional administrators and address issues documented in quarterly reviews.*
- *Safety and staffing – DJJ noted that following juvenile justice reform, more aggressive and violent youth are being detained in the facilities. DJJ also cited more aggressive behavior after the COVID-19 pandemic, as well as an increase in the mental health caseload (approximately 50% of the daily population).*

DJJ reported that safety has been one of the top five staff concerns over the last three years based on employee engagement surveys and that preliminary data from the fiscal year 2023 survey indicates a greater concern for safety and accountability. Because safety is tied to staffing, DJJ reported implementing the following strategies: hiring part-time recruiters, salary increases for security staff, recruiting retirees to return to help struggling facilities, re-instating school resource officers, and hiring a vendor to help with recruitment and retention.

Auditor’s Response: While the audit team utilized examples throughout the report to demonstrate the effect of the issues, these examples were not the primary basis for report conclusions. As discussed in **Appendix B**, report conclusions are based on information obtained through various sources, including staff interviews and site visits, a staff survey, a review of internal audits and other agency records, and the data analyses.

Finding 2: DJJ should resolve grievances in a timely and appropriate manner and track submissions to identify potential issues.

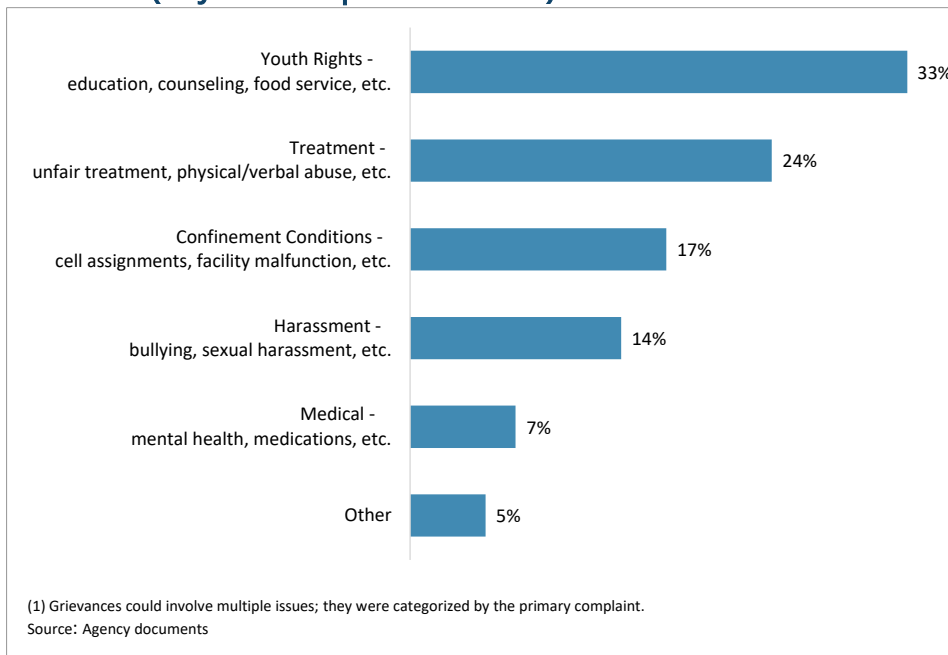
DJJ’s grievance policy aligns with best practices in many respects but is not consistently followed across facilities. Our review found that approximately 20% of grievances were not responded to within required time frames, and some documented resolutions were unclear. Additionally, DJJ does not track or analyze grievances across facilities, which can result in identifiable issues (e.g., ongoing bullying/harassment, misuse of isolation) going unaddressed.

Grievances are concerns or allegations made by youth that require investigation to verify the claims.

Youth within DJJ secure facilities may submit a formal complaint to staff through two processes that are managed separately. Most youth complaints are submitted to the facility as a grievance, but a small number are submitted through the ombudsman (see text box on the following page).

We reviewed all 765 grievances submitted in secure facilities from July to September 2022. Of those, 211 (28%) included complaints against staff, and 28 (4%) resulted in a special incident report (SIR). Facilities averaged approximately 31 grievances, ranging from 2 to 136 during the period reviewed. In the three-month period, 368 youth submitted at least one grievance—with 146 submitting more than one. As shown in **Exhibit 9**, youth rights (e.g., counseling, education) and treatment (e.g., unfair treatment, verbal abuse) were the most common grievances submitted.

Exhibit 9
Most Grievances Involved Youth Rights and Treatment During the Period Reviewed (July 2022-September 2022)¹



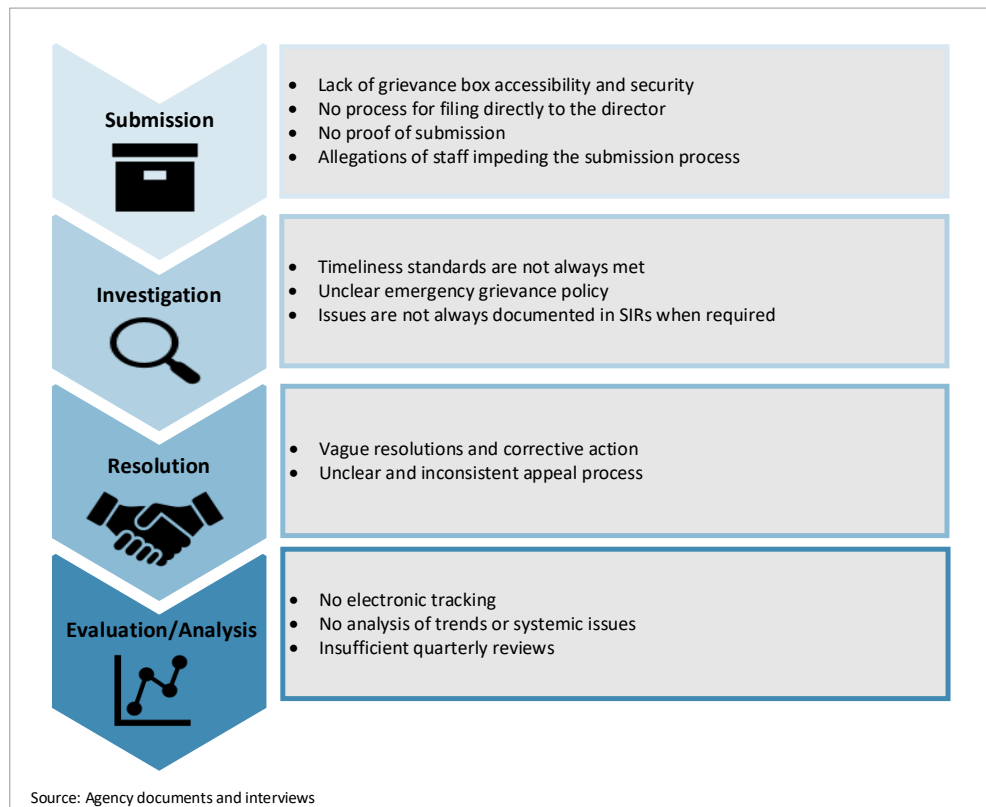
Youth can also submit complaints to the ombudsman

Youth, family members, or third parties can submit complaints via mail, email, online, phone, or in-person. The ombudsman—which is housed in the central office’s Investigations and Special Operations Unit—provides recommendations to facilities to address the complaints received or refers to the appropriate division.

In 2022, the ombudsman received approximately 140 complaints—most commonly for conditions of confinement (36%), youth rights (28%), and treatment (16%).

We reviewed the grievance process outlined in DJJ policies, as well as 25 internal audits from 2018 to 2022 examining facilities’ compliance. We also reviewed the 765 grievances that were submitted between July and September 2022. While DJJ policies generally align with best practices, we identified concerns with submission, investigation, resolution, and data analyses/evaluations, as discussed below and shown in **Exhibit 10**.

Exhibit 10 Concerns Identified for Each Phase of the Grievance Process



- **Submission** – DJJ policy generally aligns with best practices, which state that youth should be aware of the grievance process (including staff involved), understand how to obtain and submit grievance forms, always have access to secure boxes, and not face retaliation for submitting a

grievance. DJJ policy also allows youth to submit grievances directly to the facility director or through the ombudsman (another best practice). However, DJJ policy does not include a requirement for youth to receive proof of their grievance submission, which can be problematic when a youth claims to have submitted a grievance and the facility has no record.

Based on a review of DJJ's internal audits and agency records, policy is not consistently followed. For example, the audits found nearly 40% of the facilities were not compliant with grievance box requirements (e.g., lack of forms, no boxes in the housing unit, boxes unsecured, keys not highly restricted). Several facilities did not check boxes daily, and about a third of the facilities lacked a process for youth to submit a grievance directly to the director. In addition, youth have reported instances of facility management denying access to grievance forms, an officer ripping up forms, and officers threatening retaliation for submitted grievances.

- **Investigation** – DJJ policy requires grievance coordinators to respond to most grievances within 72 hours, while directors must respond within 5 days. Of the 765 grievances we reviewed, the grievance coordinator did not respond to 14% within 72 hours, and the director did not respond to 7% within 5 days.⁵ Several facilities did not respond within time frames for more than half of grievances received. We also found differing timeliness requirements between DJJ's grievance policy and its youth handbook, which states that grievances should be resolved in 48 hours or immediately for urgent grievances.

DJJ policy also requires emergency grievances to be responded to within 24 hours. However, policy does not explicitly define an emergency grievance beyond "a situation affecting a youth's health or safety," and facility staff did not appear to be familiar with the requirement during interviews. Additionally, if an emergency grievance is submitted during the weekend, it may not be addressed within the 24-hour requirement because boxes are not commonly checked on weekends. Depending on the time of day that boxes are checked, an estimated 20% of grievances are unlikely to be checked within 24 hours. Our review of the 765 grievances in July to September 2022 included weekend grievances in which one youth complained that he did not receive his medication for two days because he was in isolation and another that threatened self-harm.⁶

Finally, DJJ policy requires grievance coordinators to create SIRs for reportable incidents (see [Appendix D](#) for list). DJJ's internal audits found that nine facilities did not comply with this requirement. One facility audit identified grievances involving staff cursing, youth flashing each other, and staff physically touching and restraining youth that were not documented in SIRs. The SIR process ensures all relevant information

⁵ Data was not available for 87 records related to the grievance coordinator response (11%) and 15 records related to the director's review (2%). These records were excluded from the analysis.

⁶ In addition to the grievance process, youth have access to other forms of assistance such as a help request form or asking to speak with a counselor.

is obtained (e.g., witness statements) and that the incident is reviewed by facility management and escalated for a formal investigation if needed.

- **Resolution** – While grievance coordinators provide written responses, some resolutions or corrective actions were unclear. For example, many grievances had “discussion with youth” or “DJJ staff” as the documented outcome with little to no additional detail. There was also no consistent indication that facility administrators were taking additional action (e.g., training) when grievances were identified as valid.

Though DJJ policy includes an appeal process, the process is unclear and inconsistently executed. Policy indicates that grievances can be appealed to the facility director and then to the ombudsman. However, facilities use different grievance forms—some forms do not include an option to appeal beyond the director, some include only an option to appeal to the ombudsman, and some include an option to appeal to the ombudsman or regional administrator. Youth are not required to indicate whether they are satisfied with the director’s decision or would prefer a further appeal.

Resolutions were appealed in only 9% of the 765 grievances we reviewed (71). It is possible youth may not understand the option to appeal—for example, one youth submitted five grievances in one month requesting to be moved for their safety; however, despite discussing each with the grievance coordinator they never appealed. We also found one facility categorized all but one grievance as unsubstantiated, but youth rarely requested appeals.

- **Evaluation/Analysis** – DJJ policy requires regional administrators to conduct a quarterly administrative review (QAR) of grievances; however, these reviews may not adequately assess effectiveness. DJJ does not have protocols for conducting the reviews, and information is inconsistently documented. Given the issues in the grievance process discussed above, the QARs are not adequately identifying and addressing problems.

In addition, DJJ cannot analyze grievances statewide because the data is not centrally tracked. As a result, systemic issues such as the misuse of isolation or problems involving particular facilities and staff may be missed. In our review of grievances, we found the same juvenile correctional officer mentioned 22 times in the three-month period (for issues including refusing showers, sexual harassment, preventing youth from filling out grievance forms, and threatening to turn off water in retaliation for grievances). One youth complained of being confined for 17 hours a day due to staffing problems. Additional monitoring by management outside of the facility could help ensure that these types of grievances result in further review.

RECOMMENDATIONS

1. DJJ should clarify grievance policies and provide additional training to all involved staff on issues including emergency grievances, grievances submitted on weekends, grievance responses, and the appeals process.
2. DJJ should improve protocols to ensure the regional administrators' QAR reviews are conducted thoroughly and consistently.
3. DJJ should explore a mechanism to provide youth a copy of their grievance for proof of submission (e.g., carbon copy, scanning grievances directly into a system, kiosk submission).
4. DJJ should electronically track grievances for monitoring purposes. Central office management could review data to 1) ensure compliance with timeliness requirements; 2) ensure that more serious grievances are documented in special incident reports and fully investigated if warranted; 3) identify trends across facilities; 4) identify potential problems with specific facilities and staff; and 5) ensure that resolutions adequately address the problem (i.e., not "discussion with youth").

Agency Response: *DJJ agrees that improvements can be made to the grievance process but disagrees with this finding due to its existing system for quality assurance protocols.*

DJJ also expressed concerns with report statements regarding grievance box requirements, access to forms, and timely resolutions. DJJ noted that internal audits examined grievance box requirements at a particular day and time and are not indicative of any consistent or long-term deficiencies. DJJ further noted that claims of denying access to grievance forms, officers ripping up grievances, and threats of retaliation are unsubstantiated allegations and that policies prohibit such conduct. DJJ has been working to improve agency culture and has created a culture wheel promoting a positive environment (youth and staff treatment, doing the right thing, etc.) and an inverted pyramid prioritizing youth. Lastly, DJJ believes that reviewing grievances alone will not conclusively prove a delay in service delivery because youth can submit complaints several ways (e.g., by mail or telephone).

Auditor's Response: *While grievance forms may contain allegations, grievance officers or investigations may substantiate those allegations after a review. The examples used in this finding include substantiated allegations of denying access to forms and officers ripping up grievances. In response to an allegation of retaliation, the conclusion was unclear but the form indicates that the director was speaking to the officer as a result of the issue.*

Recommendation 2.1: *DJJ plans to establish a digital youth grievance process and is currently exploring software solutions. In addition, DJJ plans to clarify its policy and process to address the concerns raised. DJJ noted*

that it has developed a draft grievance form to better document the process including all levels of appeal. Once revisions are finalized, DJJ plans to develop and implement more formalized staff training on the updated grievance process.

Recommendation 2.2: *DJJ reported that it recently implemented (March 2023) a “robust and thorough audit tool” for regional administrators to use in conducting monthly site visits.*

Recommendation 2.3: *DJJ indicated that while it works toward a digital solution for tracking grievances, it does not anticipate providing youth copies of their grievances. DJJ noted that “youth find other ways of using paper that is counter to the secure operation” of facilities (e.g., using wads of paper to interfere with the cell door locking mechanism). DJJ stated that youth sign the grievance form acknowledging receipt of response and that providing a paper receipt does not improve the process “significantly enough to outweigh operational and security concerns.”*

Recommendation 2.4: *DJJ indicated that it is exploring options to digitize the grievance process and anticipates that will address the issues. DJJ also indicated that it has implemented a new monthly report for regional administrators that will provide initial data for monitoring purposes.*

Finding 3: DJJ should better ensure that facilities consistently adhere to incident reporting requirements and timelines.

DJJ incidents—which often involve youth or staff infractions—are not always reported, and incident response policies are not always followed by facility staff. In addition, monitoring processes could be improved to better identify trends and address reoccurring problems.

DJJ policy requires staff with knowledge of an incident (which could range from behavioral infraction to death of a youth) to report using a special incident report (SIR). The report describes the incident, lists all staff and youth involved, and includes supplemental information such as witness statements, use of force forms, and reports of youth injuries as applicable. Facility management conducts an administrative review and assigns incident codes, some of which would trigger a formal investigation. For example, all incidents related to the Prison Rape Elimination Act (PREA), including sexual harassment, are reported to DJJ’s Office of Investigations. Incident reporting is important to ensure that serious issues are investigated, youth and staff are held accountable, and action is taken to improve facility safety and security.

Most incidents involve one or more infractions on the part of youth (e.g., gang activity) or staff (e.g., employee misconduct). Other incidents could involve self-harm behaviors, serious illnesses, etc.

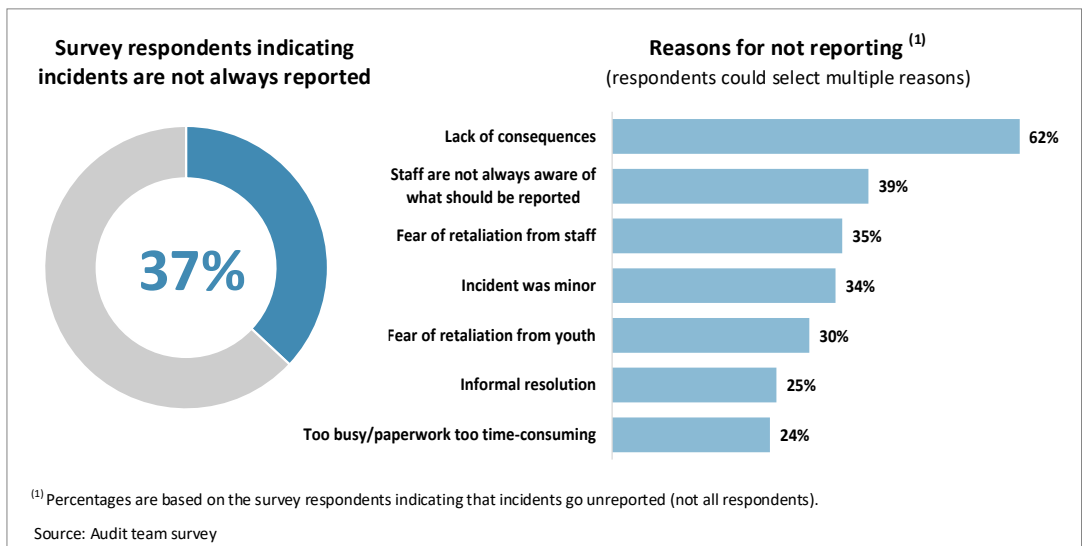
Failure to Report Incidents

Nearly 40% of DJJ secure facility staff who responded to our survey (105 of 284) indicated that reportable incidents did not always result in an SIR. As shown in **Exhibit 11**, the most common reason cited was “lack of consequences for those

involved.” As discussed in **Finding 5**, some staff believe the current disciplinary process is ineffective in holding youth accountable for their actions. Additionally, nearly 40% (41 of 105) indicated staff may not report because they are not aware of the requirements, which may indicate additional training is needed.

Incident reporting may also be influenced by employee perceptions of facility management and coworkers. Approximately 10% of survey respondents said a supervisor had asked them not to file an SIR, with several staff indicating that they kept quiet because management does not want their facility or staff investigated. Finally, nearly 35% (37) of those who indicated incidents do not always result in SIRs listed fear of retaliation from staff as a reason. In order to address issues with agency culture, DJJ management indicated that it has implemented strategies (e.g., engagement surveys and town hall meetings).

Exhibit 11
“Lack of Consequences” Most Commonly Selected Reason by Survey Respondents for Not Reporting Incidents

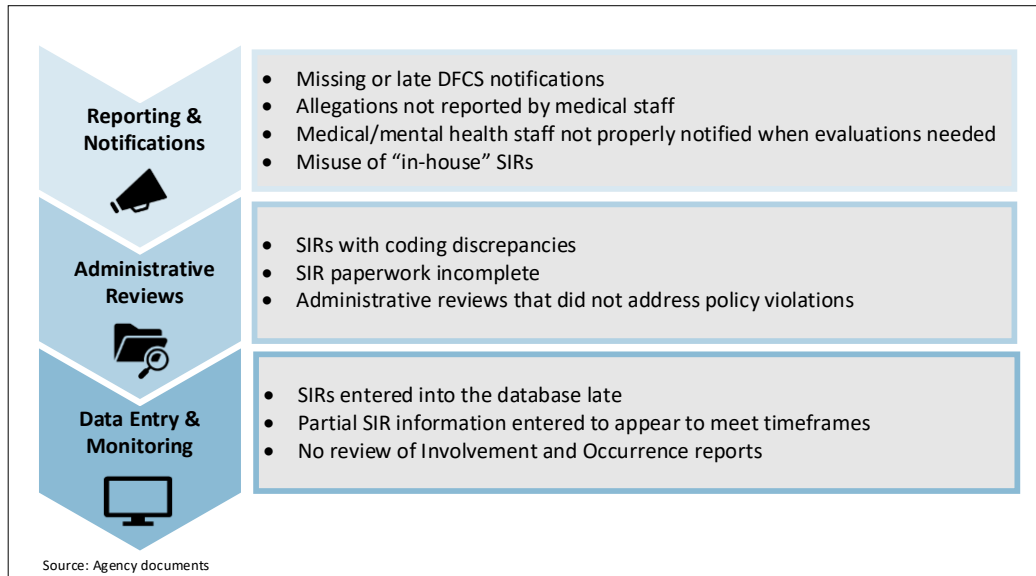


DJJ does not always take action when staff fail to report a known incident. As part of our investigative file review (discussed in greater detail on page 36), we identified seven staff with substantiated allegations for failure to report an incident. There was no documented disciplinary action for two of the seven staff. Two of the employees resigned, and the other three received written reprimands or letters of concern (one with a performance improvement plan).

Other Unmet Reporting Requirements

DJJ’s internal audits of 25 facilities between 2018 and 2022 reveal incident reporting requirements are not consistently followed. As shown in **Exhibit 12**, facilities have been noncompliant in the areas of reporting and notifications, administrative reviews, and data entry and monitoring (described in more detail below the exhibit).

Exhibit 12 Facilities Were Noncompliant with Requirements Related to Reporting/Notifications, Administrative Reviews, and Data & Monitoring



- **Reporting and Notifications** — Twelve facilities were found noncompliant with reporting incidents that include abuse allegations. This was generally due to lack of documentation that Georgia Division of Family and Children Services (DFCS) had been notified, notifications made outside the required time frames, and/or allegations not reported by medical staff. For example, one facility internal audit found six PREA SIRs without DFCS notifications. One involved a youth reporting sexual misconduct by two officers, one of whom DJJ placed on a no-contact status. A lack of documentation of DFCS notifications prevents DJJ from assuring allegations of abuse have been reported in accordance with law and policy.

The internal audits also revealed seven facilities that were noncompliant for notifications to medical and mental health staff.⁷ One audit found that the youth received late medical attention in 100 of 200 reports of youth injuries.⁸ At another facility, medical staff reported to internal auditors they were not consistently made aware that youth needed medical attention.

In addition, several facilities were misusing “in-house” SIRs, which are intended to document incidents (e.g., minor accidental injuries) that do not meet the criteria for a full SIR. Three facilities had at least one in-house SIR that internal auditors determined to be PREA incidents (e.g., a youth alleging sexual contact by another youth), which should have generated an SIR and full investigation.

⁷ While the audit standard is specific to self-harm behaviors, some facilities were evaluated on any incident for which a youth would require medical services.

⁸ While the DJJ auditors reported that these instances were noncompliant, DJJ management indicated some of these cases may have been minor (e.g., a scratch) and did not actually require medical attention.

- **Administrative Reviews** — DJJ policy requires facility directors to conduct administrative reviews of SIRs within 72 hours (24 for PREA SIRs) to determine appropriate incident codes, address potential policy violations, and ensure all SIR paperwork is complete. Eighteen facilities did not fully adhere to these requirements, with the audits citing improper SIR coding, unaddressed policy violations, incomplete documentation, and vague reviews. Internal auditors also identified policy violations that directors either did not identify or document during their administrative reviews, such as unsecured doors, youth left unsupervised, and officers not having youth within line of sight.
- **Data Entry & Monitoring** — Internal audits identified 12 facilities that were not compliant with data entry time frames for all SIRs (24 hours for PREA and 72 hours for other incidents). The internal audits also identified three facilities that had been entering only partial information in the database to generate an SIR number and appear to meet time frames. DJJ's staffing levels may prevent them from completing and gathering all required documentation for the report to be entered into the data system.

Additionally, policy requires directors to document a monthly review of Occurrence and Involvement reports generated by the SIR database. These reports can identify incident trends to assist in management decision making. However, 13 facilities were unable to provide documentation of the review during internal audits.

Regional administrators are required to review SIRs quarterly, but these reviews do not adequately identify and correct problems. The regional administrators must review at least 20 SIRs at each facility and complete the SIR monitoring tool. However, the tool's checklist does not align with all policy requirements. For example, the tool indicates that all SIRs should be entered into the database by the end of the next business day following the administrative review, but policy states that the information should be entered within 72 hours or 24 hours for PREA. Given the problems identified in the internal audits, the quarterly reviews are not adequately identifying and addressing areas of noncompliance.

RECOMMENDATIONS

1. DJJ should better ensure that facilities consistently meet all SIR requirements and evaluate whether additional staff or resources are necessary to do so.
2. DJJ should provide additional training on reporting requirements to ensure incidents are properly reported with complete paperwork.
3. DJJ should improve the quarterly regional administrator reviews and the SIR monitoring tool to ensure problems are identified and corrected.

4. DJJ should continue to expand strategies that encourage a culture of accountability, such as periodically assessing facility culture, recognizing positive behaviors, ensuring staff can access advice and assistance with any concerns, and consistently taking action when staff fail to report known incidents.

Agency Response: *DJJ acknowledged that “there may have been instances where some incidences were not well documented or that timelines were exceeded.” DJJ noted that the COVID-19 pandemic significantly affected operations and that critical staffing shortages impacted the timeliness of the reporting requirements.*

Regarding youth receiving medical attention within time frames, DJJ noted that the internal audits were not recent. In addition, it believes that the report does not provide the overall context of facility operations and does not address whether any corrective actions were taken since the internal audit. However, DJJ indicated that it will work on better documenting corrective actions in the future. In addition, the agency noted that time frames for medical attention vary by severity and that youth most often have no visible injury or pain or only require one-time first aid treatment.

Auditor’s Response: *We reviewed the most recent audit for each facility. When the final audit report included a follow-up review, we did not include the preliminary findings that had been corrected. In the medical examples, there was no follow-up review provided by DJJ.*

Recommendation 3.1: *DJJ indicated that it recently reviewed its incident reporting policy and has recommended changes to “address unrealistic expectations and time frames currently in policy” (e.g., expanding administrative review time frames from 72 hours to five business days). As policy is being refined and simplified, DJJ expects to “achieve better compliance due to increased clarity of responsibilities and requirements.” DJJ further indicated that it is exploring process improvements by modifying its existing data system or by adopting a new platform. DJJ noted that these changes will impact the entry and review workload, making the process “less staff-intensive, quicker, and fully digital.” Once this solution is settled, DJJ will be able to assess relevant staffing needs.*

Recommendation 3.2: *DJJ expressed doubt that all survey respondents would have the knowledge to accurately answer the questions but acknowledged that the survey results “reveal an opportunity to reinforce training on reporting incidents and the need to continue to work on agency culture.” DJJ also indicated that upon review of the officer training curriculum, it has “realized the need to provide specific focus on special incident identification and reporting.” DJJ noted that it has begun reviewing the curriculum holistically and providing guidance regarding “areas of emphasis and best practices.”*

Recommendation 3.3: *As previously mentioned, DJJ has implemented a tool for regional administrators to use in documenting site visit findings. The tool includes an SIR review section that will replace the current form.*

DJJ indicated that the tool is “aligned to current policy and will serve to document identified issues and corrective action implemented to address them.”

Recommendation 3.4: *DJJ indicated that it has implemented multiple initiatives and procedures to assess culture (e.g., employee engagement surveys, townhall meetings, employee focus groups, youth councils) and recognize positive behavior (e.g., Positive Behavioral Interventions and Supports for staff, employee recognition). DJJ also indicated that it has established avenues for staff to seek assistance or report concerns (e.g., ombudsman, tip line, a peer support assistance program, employee assistance program, or the employee complaint process). DJJ believes this employee focus has “positively impacted overall culture” and fostered an environment that “values support, accountability, and transparency.” DJJ noted that the “culture change has not been a rapid shift but has been gaining momentum” that is expected to continue under the current commissioner. Lastly, DJJ indicated that as additional checks on the incident reporting process are implemented and managerial reports are developed, secure facilities will address issues related to staff not reporting as needed.*

Finding 4: DJJ should improve controls to ensure isolation is utilized appropriately.

DJJ has not established a maximum time for isolation, and we found that isolation duration has increased over the past five years. In addition, facilities do not consistently follow DJJ’s isolation policies regarding approvals, extensions, and mental health consultations. To ensure protocols are consistently followed, improved data tracking and management oversight is needed.

DJJ defines isolation as placing a youth in a locked room for 15 minutes or more excluding scheduled sleep periods.⁹ Youth may be placed in isolation for exhibiting disruptive or dangerous behaviors (“apparent behavior”) or for posing a safety or security threat without actively exhibiting aggressive behaviors (“imminent threat”). Because isolation has been found to cause depression, anger, paranoia, and psychosis among youth, best practices recommend limiting its use.

While DJJ policies aim to limit isolation, we found that total days of isolation per youth increased between fiscal years 2018 and 2022 (see **Exhibit 13**). The increase was driven primarily by isolation duration, while frequency remained more consistent, as described below.

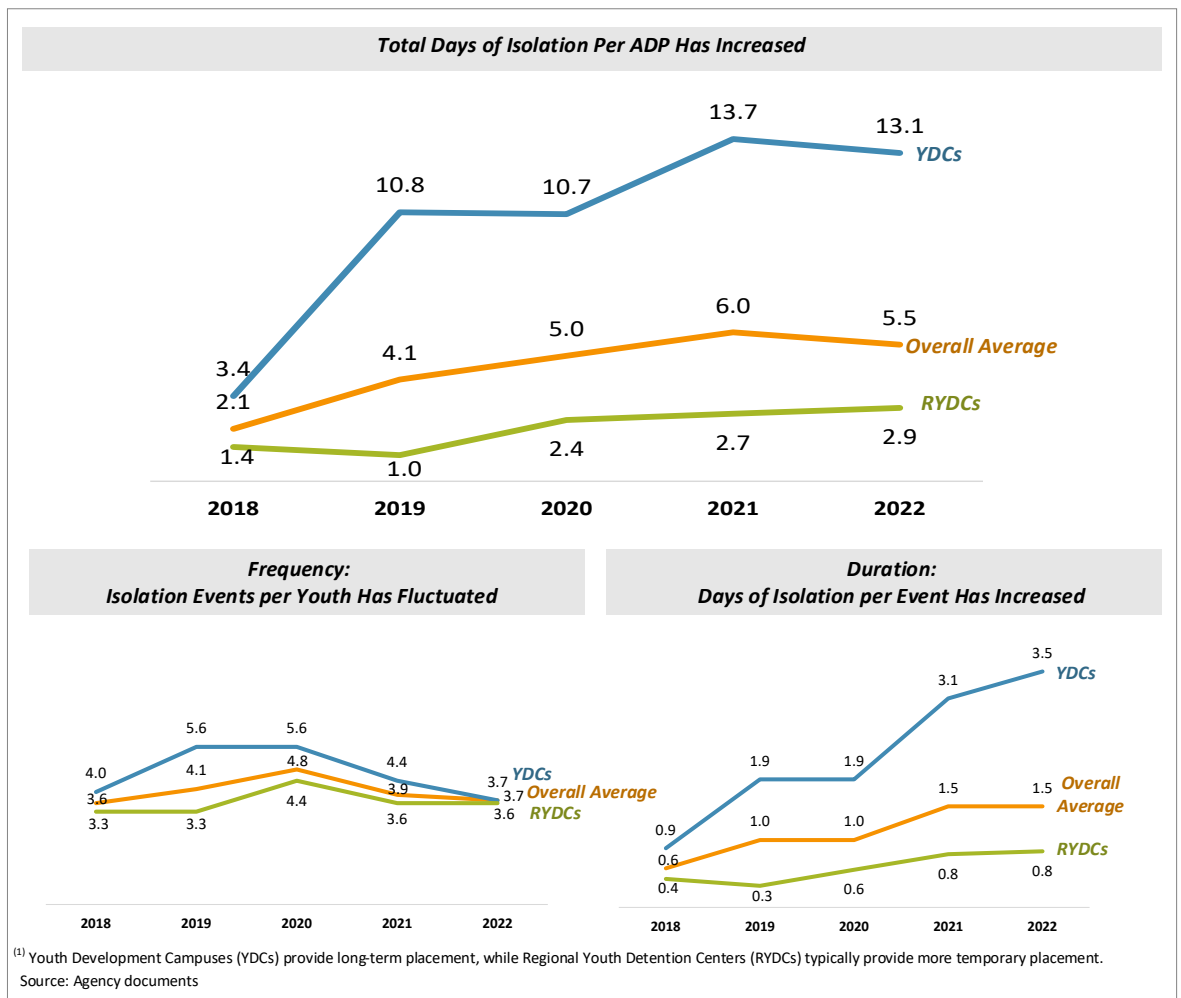
- **Frequency** – Between fiscal years 2018 and 2022, the overall number of isolation events per youth has remained relatively steady, fluctuating between 3.6 and 4.8. However, the rate has more than doubled within

⁹ Excludes placing youth in a locked room if there is a medical or security operational need.

seven facilities, including one facility that increased from 0.3 to 8.9 (2,539%) isolation events per youth. In addition, isolation usage varied significantly among facilities, ranging from less than one event to 15 events per youth in fiscal year 2022. YDCs utilized isolation more frequently than RYDCs, potentially because YDCs tend to house older and more disruptive youth.

- Duration** – Between fiscal years 2018 and 2022, the average length of an isolation event increased from approximately half a day to over 1.5 days.¹⁰ In fiscal year 2022, approximately 17% (580) of the 3,400 isolation events were two or more consecutive days, and five events were longer than 30 consecutive days. Average isolation duration varied significantly among facilities, ranging from about six hours to over six days, with YDCs imposing longer isolation periods.

Exhibit 13
Total Isolation Time has Increased Due to Increased Duration, Especially Among YDCs (FY 2018-22)¹



¹⁰ The audit team calculated one day of isolation as 24 hours and did not exclude sleep periods.

It should be noted that isolation is likely under-reported, and DJJ's data tracking method precludes accurate monitoring of duration and frequency. Some facilities have not been consistent in entering isolation data—DJJ internal audits identified at least one facility that was often not entering isolation records, and we found another facility that had not entered any isolation data for two years. When data is entered, staff often create new records for isolation extensions, so a youth placed in isolation once for eight consecutive hours may appear as two isolation events of four hours each (no unique identifier connects the initial isolation period and extensions).

DJJ's isolation policies generally align with best practices in several respects, but procedures could be clarified and strengthened. In accordance with best practices, DJJ policy prohibits isolation as a form of discipline, requires that every least restrictive measure be considered first, and prohibits youth from staying in isolation longer than necessary to restore order. DJJ policy also provides for regular observations and mental health evaluations. However, DJJ has not established maximum time limits, and the process for approving extensions has weaknesses. Some states have imposed maximum isolation time limits and other controls to restrict usage (see the text box on the next page).

- **Maximum time limits** – DJJ has not established a maximum time allowed for isolation. DJJ policy does state that apparent behavior isolation will not continue beyond a scheduled sleep period, but isolation can continue as a new isolation period the next day if the youth exhibits aggressive behavior after waking. Policy allows imminent threat isolation to continue beyond a sleep period.
- **Approval continuum** – DJJ has two distinct approval continuums based on the isolation type, and we identified concerns with both. For apparent behavior isolation, mental health consultations are required prior to requesting any isolation extensions. Additionally, time extensions beyond eight hours require approval from the regional administrator (for 8-12 hours) and then the assistant deputy commissioner (beyond 12 hours). Because isolation ends at bedtime and a new isolation period beginning at zero hours may be used the next day, consecutive days of isolation are not easily captured. The timing could result in the assistant deputy commissioner not being notified of a youth in continual isolation for multiple days (i.e., if there are less than 12 hours between the isolation alert being set and bedtime).

For imminent threat isolation, the regional administrator must authorize the isolation within 30 minutes of placing the youth in isolation and then on a daily basis if the youth remains in isolation. Mental health consultations are not required for extensions, nor is approval beyond the regional administrator regardless of the number of days.

It should also be noted that the approval process is currently paper-based and separate from the electronic isolation alerts, though DJJ indicated plans to streamline and automate this process.

Louisiana Law Imposes Restrictions on Solitary Confinement

Louisiana passed legislation in 2022 to limit isolation usage and increase oversight following an audit that found agency policies were not being followed. The new law states that "solitary confinement" (involuntary placement of youth alone in cell/room/other area) can only be utilized as an emergency response to behavior posing a serious and immediate threat of physical harm. Upon placement, staff must immediately notify the deputy secretary and senior administrative team and document the reason for confinement, as well as the de-escalation techniques employed before resorting to confinement.

The law limits solitary confinement to eight hours. If a mental health professional determines the youth continues to pose a threat, the facility can transport the youth to a mental health facility, implement a mental health crisis plan, or extend confinement in eight-hour increments (if the other options are not practicable). Confinement cannot exceed 24 hours under any circumstance, and the use of consecutive periods of confinement to avoid the intent of the law is prohibited.

The law also requires electronic tracking and quarterly reporting of isolation frequency and duration, as well as the reasons for isolation. Quarterly information must also be posted on the agency website, including number of juveniles placed in confinement, number of instances exceeding eight hours, and number of self-harm incidents and suicide attempts in confinement.

Lastly, the law requires initial and routine staff training on confinement and information on confinement policies to be disseminated to youth and families.

We also found that DJJ's isolation policies are not consistently followed, potentially resulting in the overuse of isolation. For example, we identified over 100 youth isolated to address disciplinary or behavior infractions in six facilities between fiscal years 2019 and 2022. Furthermore, nearly 40% of staff survey respondents indicated that youth are kept in isolation longer than necessary to restore order,¹¹ and comments in the data system indicated that youth were retained in isolation for lacking remorse. Facility management and staff may be unaware of how isolation should be utilized. For example, over a two-year period, one facility director isolated youth on the weekends whenever there were staffing challenges and thought this was permissible. Once identified and investigated by DJJ management, the director was terminated.

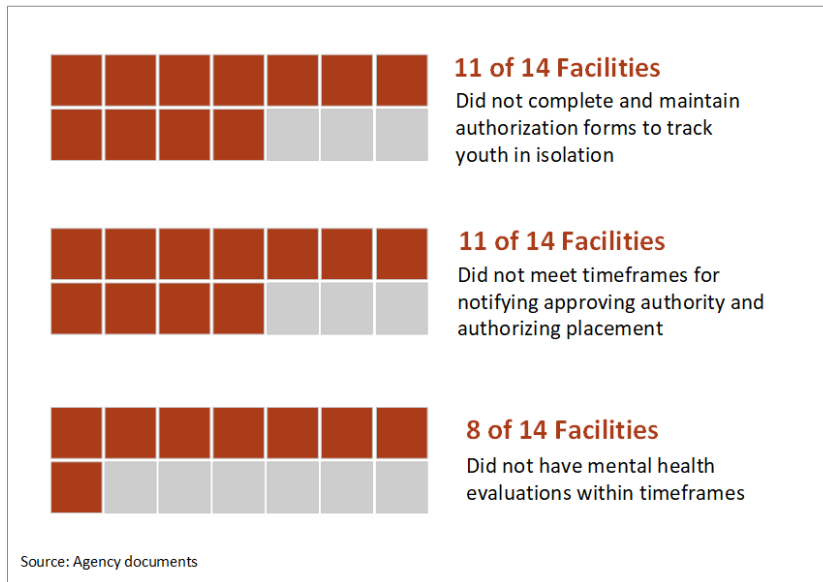
Internal audits also found significant noncompliance with isolation policies (see **Exhibit 14**). Of the 14 facility audits that reviewed isolation,¹² more than half did not meet isolation policy requirements related to authorization and mental health evaluations. For example, one facility audit found missing approval forms for 17 of 19 youth, no documentation of mental health consultations for all 5 youth requiring a consult, and failure to obtain written approval from the regional administrator when required for all 10 cases reviewed.

¹¹ Survey respondents who indicated this happens sometimes (48), often (22), or always (23) out of 246 respondents.

¹² Not all facility audits were included because audits conducted prior to 2020 did not evaluate isolation practices.

Exhibit 14

DJJ Internal Audits Identified Noncompliance with Isolation Policies



The policy noncompliance and data trends indicate a need for increased management oversight. DJJ does not track isolation data in a way that allows for easy analysis of duration and frequency, as well as comparisons among facilities. DJJ also does not require staff to record the reasons for placing a youth in isolation and extending isolation periods—this information could be used to verify that isolation is justified but is currently inconsistently documented in comment fields. Lastly, we found that while regional administrators are responsible for reviewing isolation as part of routine site visits, their site visit reports did not consistently include information on isolation.

RECOMMENDATIONS

1. DJJ should establish maximum time limits for isolation and requirements for any exceptions allowed.
2. DJJ should implement additional management controls to ensure that isolation events are always entered into the data.
3. DJJ should require staff to record the specific reason for placing a youth in isolation and extending the isolation period in the data.
4. DJJ should improve data tracking methods to ensure that the data is reliable and can be easily analyzed to allow for comparisons across facilities or identification of trends.
5. DJJ should implement a routine management review of isolation data to ensure consistency and accuracy and to identify any issues (e.g., isolation length, use as a discipline).
6. DJJ should revise the approval continuum to clarify procedures

and ensure management is fully informed of isolation duration. As a part of this effort, DJJ should continue plans to integrate the approval continuum with isolation alerts to automate this process and require a response (approval or denial) by the designated authorizer.

7. DJJ should establish procedures to ensure that regional administrators review isolation practices and document findings.
8. DJJ should enhance staff training and provide clear directions for utilizing isolation appropriately.

Agency Response: *DJJ indicated its commitment to improving the isolation control process but disagreed with the characterization of the potential overuse of isolation and the conclusion that youth were retained in isolation for lacking remorse. DJJ noted that although it “may not have strictly adhered to isolation policies at times, its use was limited to the operational needs of the facility.” DJJ further noted that comments regarding a lack of remorse were written by staff who assessed apparent behavior after the youth caused an incident placing the youth and/or staff in danger and that staff may not have used correct terminology. Lastly, DJJ questioned whether the small sample of survey respondents should be reflective of the entire agency.*

DJJ indicated that it has mental and behavioral health experts who discuss isolation practices with facility leadership, as well as experienced staff participating in national organizations. DJJ further indicated that its participation in a Georgetown University Certification Program should help improve procedures for responding to behaviors and should provide staff with additional de-escalation and engagement strategies. DJJ noted that it relies on the expertise of trained staff who are responsible for overseeing facility safety and security.

Auditor’s Response: *We reported data on survey respondents but did not extrapolate the results to the entire agency.*

Recommendation 4.1: *DJJ indicated that staff will examine isolation policies and procedures as they work to strengthen controls and preventative measures and reduce isolation usage as part of the cohort for the Georgetown University’s “Eliminating Isolation in Youth Facilities” program. DJJ anticipates discussion and feedback regarding time limits with the program’s subject matter experts. DJJ also understands the need for a framework and approval process for exceeding time limits based on contextual factors. DJJ envisions “a process in which programs and other methods of engagement and support allow for significant reduction of isolation overall such that maximums are rarely reached, and exceptions are few.”*

Recommendation 4.2: *DJJ indicated that the IT department is developing a new framework for capturing isolation events with required approvals and documented justifications for the events. DJJ is also exploring utilizing existing technology to “provide an additional notification*

of isolation events to serve as a secondary notification in the absence of staff entered required data.”

Recommendation 4.3: *As mentioned above, DJJ is working to develop a new framework that will capture required approvals and justifications for isolation events.*

Recommendation 4.4: *DJJ indicated that one of the primary goals for the new process is to consistently track and report isolation events to “allow for more robust managerial oversight.” DJJ further indicated that the new process “will include embedded notifications to flag unusual events or extended periods of isolation and will allow for data and trends analysis across facilities statewide.”*

Recommendation 4.5: *DJJ stated that the new process should provide actionable data to facility leadership. DJJ intends to develop Power BI reports to provide timely information to leadership once the internal documentation and reporting mechanisms have been established.*

Recommendation 4.6: *The improvements discussed above should address the approval process. DJJ indicated that this is in progress and “will provide clarity and data to stakeholders.”*

Recommendation 4.7: *DJJ indicated that the tool developed for regional administrator site visits has an isolation section and requires a review of isolation data and documentation as part of the monthly site visit.*

Recommendation 4.8: *DJJ stated that it will include specific training on isolation policy and procedures in the officer training curriculum. DJJ is in the initial stages of reviewing the curriculum and providing guidance regarding areas of emphasis and incorporation of material.*

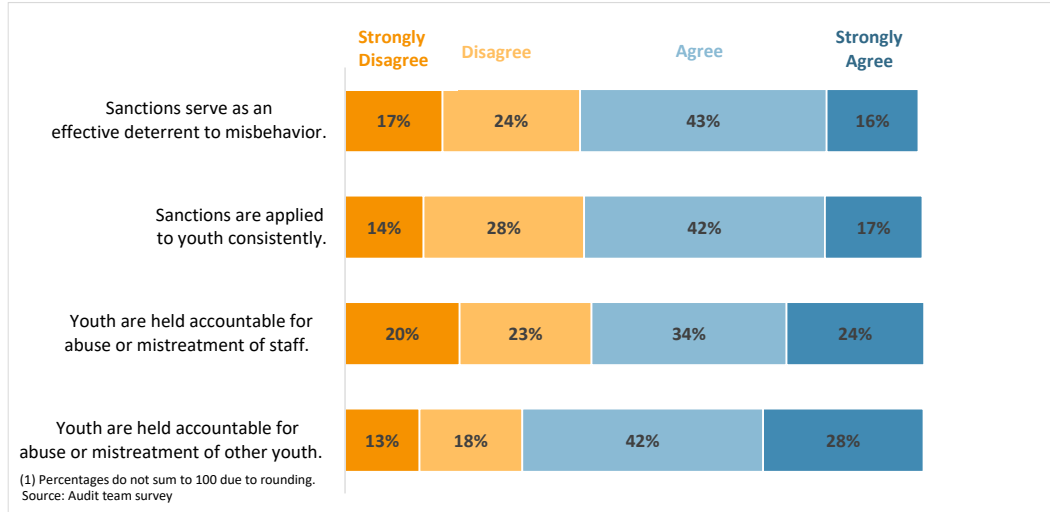
Finding 5: DJJ should modify the disciplinary process to improve accountability, consistency, and efficiency.

DJJ’s current disciplinary process is overly burdensome, with facilities unable to meet administrative requirements and disciplinary reports frequently dismissed without formal sanctions. In addition, sanctioning options are limited and may not be an effective deterrent.

When a youth breaks a rule (e.g., physical altercation, refusal to obey, contraband), staff submit a disciplinary report with statements by the accused or witnesses and provide a copy of the report to the youth. An investigation begins after the report’s completion, and a hearing is held where the youth is found guilty or not guilty—a sanction is imposed for the former. The most commonly imposed sanctions include early bedtime, verbal reprimands, activity restriction, and writing assignments. As shown in **Exhibit 15**, staff surveyed were not always confident in the process.

Exhibit 15

DJJ Staff Survey Indicates Concerns with Sanctions and Accountability¹

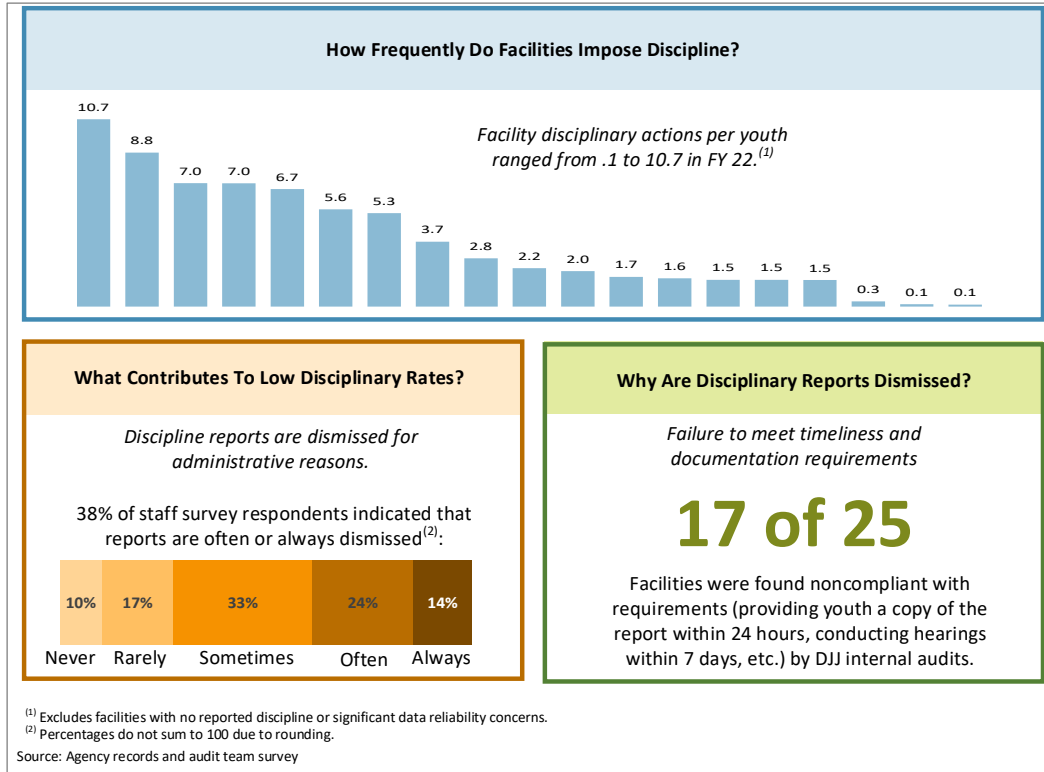


Many youth who are accused of infractions are not formally disciplined, thereby rendering the process ineffective since youth are aware of the lack of consequences. For example, approximately 4,100 youth were accused of physical altercations with other youth or staff in fiscal year 2022, but only about 800 (20%) were disciplined for physical altercations.¹³ As shown in **Exhibit 16**, disciplinary rates varied significantly among facilities, ranging from 0.1 to 10.7 disciplinary actions per youth in fiscal year 2022 (six facilities were excluded because they did not impose discipline, failed to report discipline in the data system, or had other data reliability concerns). We also found extreme year-to-year variation within facilities, including a facility where disciplinary actions decreased from approximately 760 actions to 100 actions between fiscal years 2020 and 2022.

Low rates of discipline can be partly attributed to disciplinary reports being dismissed for administrative reasons. While the exact number of dismissals is unknown because this information is not electronically tracked, approximately 40% of staff surveyed indicated that disciplinary reports are often or always dismissed for administrative reasons (see **Exhibit 16**). These dismissals may serve as a deterrent for staff filling out disciplinary reports when incidents require them; as a result, youth may avoid consequences, which further exacerbates behavioral problems and low staff morale.

¹³ This analysis excludes three facilities that were known to not be reporting disciplinary actions in the data system. The 4,100 youth are not unique (i.e., if a youth was involved in multiple altercations, they would be counted multiple times).

Exhibit 16 Noncompliance Results in Cases Being Dismissed



Facilities are unable to meet administrative requirements due to staffing limitations and an overly burdensome process (i.e., too much paperwork). Two of the facilities with no reported discipline lacked staff in the necessary roles. In addition, internal audits found that facilities were noncompliant with required documentation and timeliness thresholds, including providing youth a copy of the report within 24 hours and conducting hearings within 7 days. For example, one facility dismissed 119 disciplinary reports due to timeliness and documentation issues and did not substantiate any reports. The need for all the administrative requirements (such as providing a copy of the disciplinary report within 24 hours) is unclear given the relatively minor types of sanctions imposed (e.g., verbal reprimands).

DJJ is limited in what sanctions are permitted by policy and consistent with best practices. Discipline should not cause harm and is frequently limited to sanctions such as verbal reprimands, writing assignments, and early bedtime—even for serious violations such as attempted escape. It should be noted that more serious incidents, such as physical altercations with severe injuries or sexual abuse, will also go through a separate Office of Investigation (OI) review that could result in criminal charges (as discussed in **Finding 6**).

We also found that additional guidance and oversight are needed to ensure that sanctions are imposed appropriately. For example, in fiscal year 2022 we found inconsistencies in the use of the existing “other” sanction category—only

20% (265) of the 1,315 described the sanction (though the information detail varied), with one including isolation (a prohibited discipline) and others including phone restrictions for up to two weeks. Additionally, one facility reported a truce statement that two youth would not interact with the threat of three days in isolation if violated, which contradicts DJJ policy and best practices to not utilize isolation as a sanction. Finally, DJJ does not track details such as hours for early bedtime to ensure it is not excessive, though management indicated its intention to do so.

PBIS: A system that sets common expectations for youth behavior by “teaching, modeling, and reinforcing positive behavior and interventions.”

DJJ management intends to shift emphasis toward its Positive Behavioral Interventions and Supports (PBIS) programming and reserve the existing disciplinary process for more egregious offenses. DJJ has established a framework for PBIS interventions and provides additional training to staff as necessary. Currently, some facilities report automatically excluding youth from PBIS events if they receive a disciplinary report within a certain number of days before the event. Further, facilities use positive behavior agreements¹⁴ (PBAs) if youth receive multiple disciplinary reports. However, DJJ does not have a standard protocol for either action; as a result, facilities do not consistently apply PBIS restrictions or maintain the same thresholds leading to PBAs. For example, at least one facility applied a second sanction against a youth after already removing them from the PBIS event, while others would not add more sanctions.

RECOMMENDATIONS

1. DJJ should review the disciplinary process and identify areas to ease requirements, streamline, and reduce paperwork.
2. DJJ should establish additional protocols for integrating PBIS into the disciplinary process.
3. DJJ should improve management oversight of the disciplinary process, sanctioning, and PBIS implementation. For example, DJJ management should:
 - a. Routinely monitor the number of incidents resulting in discipline across facilities;
 - b. Begin tracking disciplinary reports that are dismissed for administrative reasons; and
 - c. Require staff to enter sufficient details regarding sanctions (e.g., hours of early bedtime, description of “other” sanctions) and routinely review the sanctions for consistency and compliance with policy.

¹⁴ DJJ facilities utilize PBAs when PBIS programming was not a successful intervention for youth because of repeated behavioral concerns. A PBA is an agreement between the youth and a designated treatment team of trained staff members targeting a single behavior.

4. DJJ should ensure that facilities maintain sufficient staffing to execute the disciplinary process and that staff receive adequate training.

Agency Response: *DJJ stated that it considers “the various circumstances surrounding each incident and youth, such as the youth’s competency level and mental health needs. To the extent that any additional or retraining is required regarding the types of appropriate sanctions, DJJ will review each facility’s needs and take appropriate measures.”*

Recommendation 5.1: *DJJ agrees that “the disciplinary process could be less cumbersome and more efficient” but also acknowledges due process needs, which limits “the ability to ease requirements in many areas.” DJJ further noted that national standards mandate many of the requirements as part of best practices. DJJ plans to review the policy for areas to “limit procedural requirements while maintaining a legitimate due process system” that protects youths’ rights. DJJ stated that staff have explored options for reducing paperwork and streamlining the process in the past but “have not established a viable alternative.” However, DJJ plans to review and revise disciplinary policy and enact process improvements.*

Recommendation 5.2: *DJJ noted that “part of the strength of PBIS is that each facility develops their own PBIS expectations and criteria, thus increasing the buy-in and efficacy of the facility program” and that fidelity audits ensure each facility’s adherence to the framework. DJJ also noted that PBIS interventions include supportive responses (PBAs) and natural consequences, and it is “not unreasonable to pair those with disciplinary sanctions when that response is appropriate to the rule violation.”*

Recommendation 5.3: *DJJ indicated that as it establishes new procedures for managing data related to other processes, it will determine how the disciplinary process can also be integrated. DJJ also plans to “provide more targeted training on the disciplinary process both through on-line training and direct coaching from regional staff.” In addition, DJJ plans to establish Power BI reports to provide statewide data to secure facility leadership.*

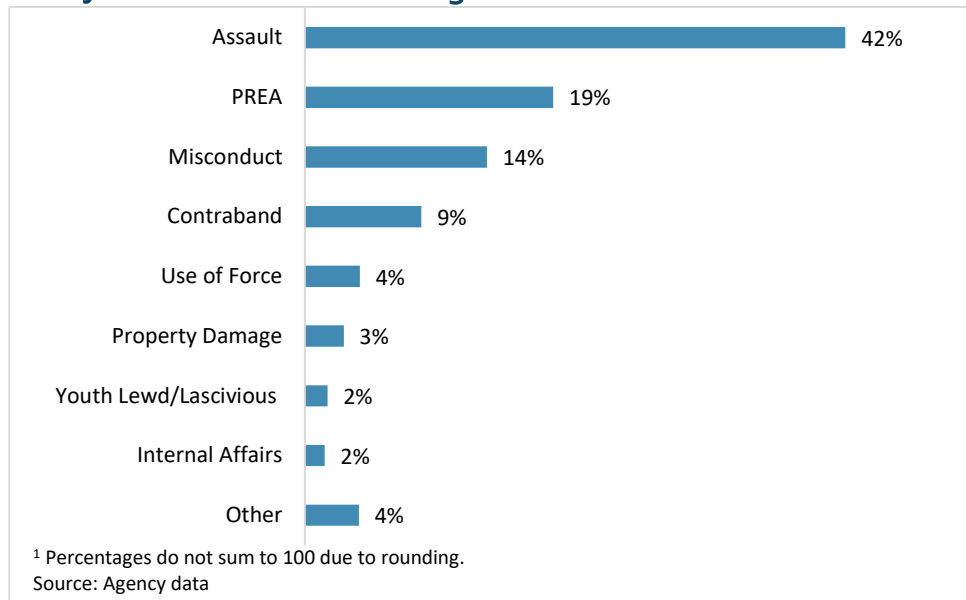
Recommendation 5.4: *DJJ stated that staff shortages are “endemic in juvenile and adult corrections nationwide” and have been exacerbated by the COVID pandemic. DJJ indicated implementing several initiatives to improve facility staffing with modest results and that staffing remains a challenge. As previously noted, DJJ is exploring methods to make the disciplinary process less staff-intensive and to reduce paperwork. Lastly, DJJ indicated that it has updated the training guide with the current policy and plans to provide additional training when process improvements are implemented.*

Finding 6: DJJ management should better ensure that investigations are conducted in a timely manner and that appropriate action is taken when allegations against staff are substantiated.

DJJ typically opens investigations when incidents meet the required criteria, but some investigations, particularly those related to sexual abuse and harassment, do not meet the agency’s timeliness goals. In addition, DJJ did not always take action when investigations resulted in substantiated allegations against staff.

OI investigates serious incidents by interviewing all involved individuals, reviewing video footage and other documents, and preparing a report detailing substantiated and unsubstantiated allegations (investigations often involve multiple allegations). As shown in **Exhibit 17**, approximately 75% of incidents investigated by OI involve assault, PREA, and misconduct. If allegations against staff are substantiated, then the final disposition (action taken) is typically determined by the facility director and approved by the regional administrator. Dispositions may include training, coaching, or an adverse action (e.g., termination or suspension), which would require consultation with DJJ’s human resources and general counsel. Substantiated allegations may also result in criminal charges.

Exhibit 17
Nearly Half of Incidents Investigated are Assaults¹

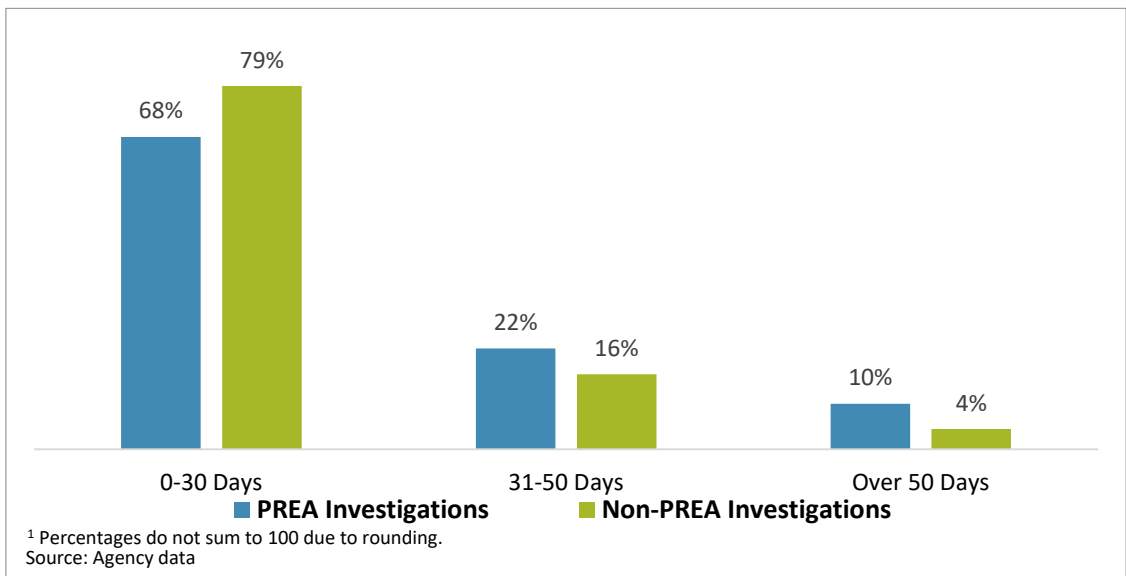


DJJ generally opens investigations when required by policy, but we identified some exceptions. DJJ policy requires an investigation for all sexual abuse and sexual harassment, as well as incidents with specific injury severity rating thresholds related to physical altercations, inappropriate use of force, self-harm behaviors, and group disturbances. Between fiscal years 2019 and 2022, DJJ did not open an investigation for 9% (34 of 366) of incidents that met the criteria for

requiring an investigation. OI indicated that it may not have been informed of the incidents by the facilities; it receives automated notifications for every incident but relies primarily on phone calls from facility directors due to the volume of automated notifications.

Cases that are opened for investigation are assigned to OI’s PREA Unit if they involve sexual harassment/assault or to one of OI’s regional offices. As discussed below and shown in **Exhibit 18**, PREA investigations generally take longer compared to other case types.

Exhibit 18
Most Investigations were Completed in 30 Days in Fiscal Year 2022¹



Federal PREA guidelines do not specify a timeline for completing investigations. We interviewed and/or reviewed policies for five other states and found that four had established investigative time frames that were generally similar to Georgia’s policy.

- PREA** – DJJ’s stated policy goal is to complete investigations in 30 days unless management approves an extension. Between fiscal years 2020 and 2022, PREA investigations averaged 31 days and 41% (122 of 294) exceeded 30 days.¹⁵ Investigation timeliness is improving, however—in fiscal year 2022, PREA investigations averaged 27 days and 32% (45 of 141) exceeded 30 days. DJJ management noted that PREA cases can take longer to investigate than other case types because they can involve extensive work and require statewide travel.
- Other case types** – Although DJJ policy does not stipulate a time frame for non-PREA investigations, most investigations were completed in a timely manner. Between fiscal years 2020 and 2022, non-PREA investigations averaged 21 days and 25% (262 of 1,054) exceeded 30 days. Timeliness has remained relatively consistent over time—in fiscal year 2022, non-PREA investigations averaged 20 days and approximately 20% (75 of 360) exceeded 30 days.

¹⁵ Investigation time is the time between case assignment and report approval and only includes cases in secure facilities. Management indicated that cases exceeding the 30-day time frame receive approvals for time extensions.

Investigation timeliness issues may be related to staffing and the need for additional oversight, as well as factors outside OI's control. According to OI management, the PREA unit has fewer staff than the other investigative units; therefore, DJJ relies on investigators from other units who are cross trained to assist with PREA cases. Given the complexity and level of detail required for PREA cases, investigators who primarily investigate non-PREA cases may contribute to the length of the investigations. In addition, OI management primarily monitors timeliness through weekly updates. This serves as management approval for extensions past 30 days, which may not be sufficient. Lastly, OI management indicated that investigations may be prolonged due to external factors, such as delays in forensics or staff on family and medical leave (who cannot be contacted for 12 weeks).

After investigations are completed, delays can also occur in determining the disposition. Between fiscal years 2020 and 2022, the time from investigation completion to disposition averaged 3.5 months. However, the time varied by facility, ranging from an average of less than two months to more than five months. In addition, nearly 20% (193 of 1,049) of all cases took more than six months from investigation completion to disposition. DJJ management indicated that delays could occur due to staff absences (e.g., family and medical leave).

We also found that DJJ management is not consistently ensuring that action is taken when allegations against staff are substantiated. Because DJJ does not electronically track case dispositions in the data, we reviewed a sample¹⁶ of 36 cases involving 53 staff with substantiated allegations. Twelve of the 53 involved staff resigned after the incident. For the remaining 41 staff, DJJ disciplined 31 staff, as discussed below.

- **Disciplinary action taken (31 staff)** – DJJ terminated 15 staff for serious offenses such as PREA and child neglect and suspended two others. DJJ also issued 15 written reprimands and letters of concerns—typically for policy violations such as lying, but four involved physical altercations with a youth. DJJ management indicated that it considers the totality of the incident (e.g., if the youth instigated the altercation) when determining discipline.
- **No documented disciplinary action taken (10 staff)** – DJJ could not provide documented disciplinary action for cases involving failure to report incidents, sleeping on duty, falsifying documents, and youth mistreatment (e.g., slapping youth). DJJ indicated that these types of cases should typically result in discipline, but there may be exceptions to some incident types due to extenuating circumstances.

¹⁶ This was a non-representative sample; results cannot be extrapolated.

RECOMMENDATIONS

1. DJJ should improve management controls (e.g., the notification process) to ensure all incidents requiring investigation are assigned for investigation.
2. DJJ should ensure the PREA unit is adequately staffed to manage their full caseloads.
3. DJJ should improve its process to meet timeliness requirements, particularly for PREA investigations. For example, improvements could involve additional tracking of milestone dates, review of trend data to identify issues (e.g., with specific investigators or facilities), and a more formal approval process for investigations exceeding 30 days.
4. DJJ management should implement additional measures to better ensure that staff are appropriately disciplined when allegations are substantiated. Measures could include more centralized tracking and oversight and additional training on disciplinary policies for facility directors.

Agency Response: *DJJ indicated that the discussion regarding personnel actions encroaches on the agency’s judgement and that DJJ’s leadership has the ability to make decisions based on applicable personnel board rules, employment laws, and policies and procedures. DJJ believes that its process for adverse actions has been followed but noted that it can improve the documentation of that process.*

Auditor’s Response: *While we recognize that personnel actions involve agency judgement, additional process controls can help ensure that appropriate action is consistently taken.*

Recommendation 6.1: *DJJ indicated that inter-departmental committees are reviewing policy and that they will explore the feasibility of improving management controls.*

Recommendation 6.2: *DJJ disagreed with this recommendation, stating that OI has over 20 investigators who are all trained and certified in sexual assault investigations. DJJ also noted that having a PREA unit is “above and beyond what is required” and that it has one of the only PREA specific units among juvenile justice agencies. DJJ does not believe that additional PREA staff are needed to meet timelines for investigation completions.*

Recommendation 6.3: *DJJ indicated that it could not find any best practices stating that investigations should be completed within 30 days, noting that there are no POST standards or Federal PREA guidelines and the Department of Justice does not have a time frame. DJJ indicated that “standards call for an in-depth, thorough investigation, which is what the agency strives for” and that some investigations require longer than 30 days. DJJ also noted that in 2019 they began tracking investigations in Spillman—cases are updated weekly by investigators, field supervisors, and*

the regional manager, and weekly caseloads are reviewed by the director of investigations.

Auditor’s Response: *The audit team analyzed timeliness using DJJ’s policy standard of 30 days, which is generally in line with other states reviewed.*

Recommendation 6.4: *DJJ stated that it has already developed a standardized disciplinary framework for employee discipline to ensure consistency. However, DJJ noted that this is “just an initial step in establishing a more robust system of capturing and communicating investigative outcomes and creating a collaborative process for stakeholders to determine appropriate responses with at least one level of appeal to resolve disagreements.” DJJ also indicated it is taking initial steps to establish facility director training protocols and curriculum, including progressive discipline. Lastly, DJJ reported implementing bi-weekly HR calls and an overall HR training to ensure compliance and consistency with rules and policies.*

Finding 7: DJJ has not been auditing facilities as frequently as agency policy requires, and issues often remain unaddressed following the audits.

While DJJ has a process in place to audit each facility for compliance with policies and laws, 13 facilities have not been audited within the required time frames. Additionally, facilities often remain noncompliant with standards following the internal audits, limiting the effectiveness of the tool and process.

Our review of DJJ’s internal audits was limited to special incident reporting, grievances, use of isolation and cool offs, and disciplinary reports sections.

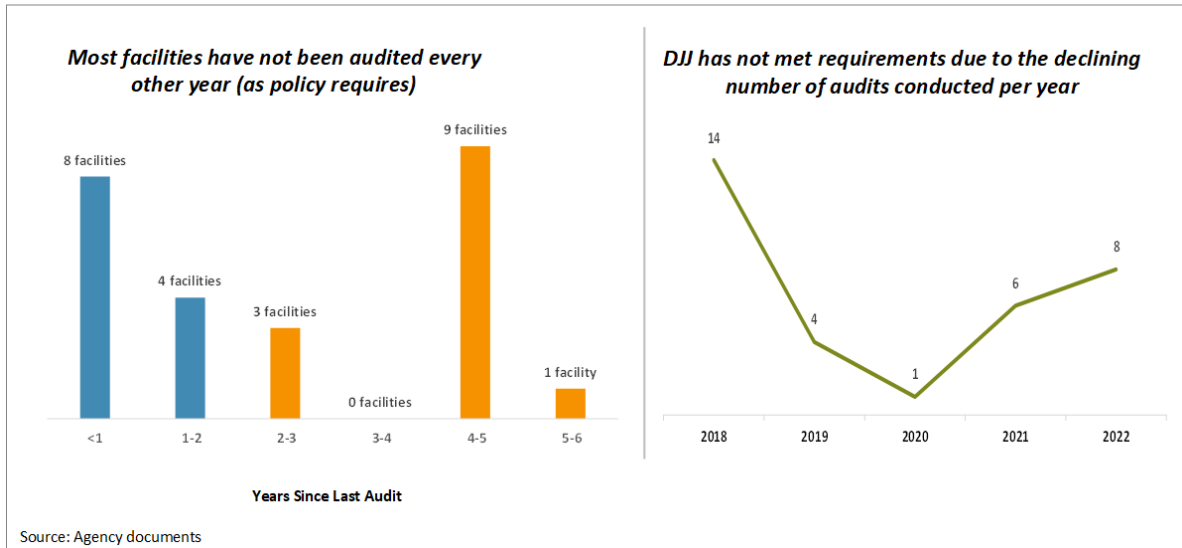
The Office of Continuous Improvement (OCI) conducts on-site comprehensive audits of each facility to assess compliance with DJJ policies and state and federal laws. Within each topic area (e.g., grievances), the audits review numerous policy requirements such as ensuring the facility has locked grievance boxes and maintains a grievance log. When a facility receives a noncompliant finding in OCI’s interim report, the director must develop a corrective action plan (CAP) and OCI returns in four months for a follow-up evaluation. Final reports are issued within six months of the interim report.

Per DJJ policy, OCI should conduct a comprehensive audit of each facility at least every other year. As of March 2023, 13 of the 25 facilities had not had a comprehensive audit in two or more years,¹⁷ as shown in **Exhibit 19**. To meet requirements, OCI would need to audit 12-13 facilities each year. Comprehensive audits per year declined from 14 in 2018 to 4 in 2019. Most recently, OCI completed six audits in 2021 and eight in 2022.¹⁸

¹⁷ Two of the 13 facilities have received a technical assistance audit (TA) since their last comprehensive audit. TAs have a limited scope and are conducted at the request of the facility or when a new facility director is assigned. However, only one of those TAs were within two years of the facility’s last comprehensive audit.

¹⁸ In 2020, OCI conducted one virtual audit of the Augusta RYDC since auditors could not enter facilities due to COVID-19.

Exhibit 19
DJJ Is Not Auditing Facilities as Frequently as Required



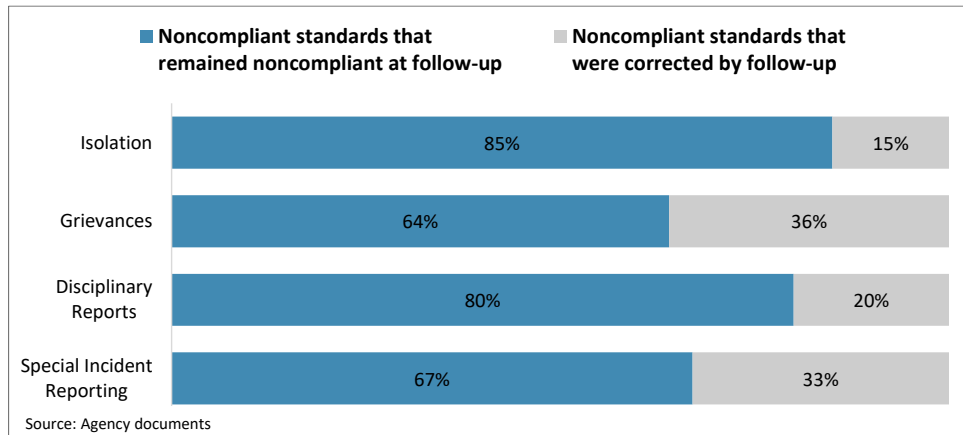
DJJ staff reported the frequency of audits was impacted by a decrease in staffing, COVID-19 limitations, and policy and process changes. We also noted that OCI does not consistently track milestone dates, which can cause delays that further limit the number of completed audits each year. For example, the interim audit should be completed within 10 days of the site visit, but DJJ auditors missed this deadline for all five reports we reviewed.

DJJ implemented follow-ups to interim reports in 2021 and has completed nine follow-ups since as of December 2022. All nine facilities remained noncompliant for a significant portion of the standards highlighted in the interim comprehensive audit, as shown in **Exhibit 20**. Noncompliance primarily related to incomplete or missing documentation, failure to make appropriate notifications, and not adhering to process time frames required by policy (e.g., notifications to DFCS within 24 hours, conducting youth disciplinary hearings within 7 days, responding to youth grievances within 72 hours).

Based on the level of continued noncompliance, the current mechanisms of accountability appear insufficient in ensuring facilities comply with policies. Directors are required to develop a CAP when OCI identifies noncompliance in its interim report; however, these were not submitted to OCI until recently and there are no specific protocols for reviewing CAPs. We found CAPs generally reiterated policy expectations without addressing the causes for noncompliance, and in some cases, CAPs were incomplete and did not have documented corrective actions. In addition, DJJ does not have a process for continuing to monitor facilities after the follow-up review when significant compliance issues remain unaddressed.

Exhibit 20

Facilities Remained Noncompliant with Most Unmet Standards After the Corrective Action Period



DJJ policies and practices related to the auditing process do not fully align with best practices for facility monitoring, as presented by the Juvenile Detention Alternatives Initiative (JDAI)'s assessment guide.¹⁹ We identified issues with communication, the internal audit tool, and auditor training, as described below.

- OCI communication** – The JDAI assessment guide emphasizes having good communication with facility staff to ensure they are fully informed of the process and the results. For example, the evaluators should ensure facility management understands all key aspects of the process at the beginning of the review. At the end of the review, evaluators should also discuss major findings with facility management and provide the facility the opportunity to correct any misinformation or miscommunication that may have occurred. Some DJJ facility directors have noted a lack of transparency and communication with OCI, such as not being adequately briefed on audit findings.
- Audit tool** – JDAI recommends using an audit tool that summarizes overall key findings and clearly describes how and why a facility was noncompliant in a certain area. OCI's current audit tool is more of a checklist that does not summarize key findings or clearly indicate the extent of an issue. Standards are found either noncompliant, compliant, or occasionally compliant with a concern. While more recent audits have improved, some standards' findings did not clearly document the audit work, such as the number and types of documents reviewed. Without such information, it is difficult to assess the extent of a facility's noncompliance.

¹⁹ JDAI sites assess and monitor conditions in juvenile detention facilities using Annie E. Casey Foundation standards. JDAI sites establish trained assessment teams from juvenile justice agencies, other human service systems, and community-based organizations.

- **OCI training** – JDAI recommends evaluators receive training on all areas of the assessment, including how to assess conditions and how to plan the assessment. OCI auditors primarily receive on-the-job training by shadowing experienced auditors. OCI has not used a training guide, although one is currently being updated. Auditors may not consistently employ methodology during audits due to potential variations in training and lack of reference materials.

RECOMMENDATIONS

1. DJJ should audit more facilities each year to comply with policy requirements and ensure that serious problems are identified. To achieve this, DJJ may need to evaluate whether additional resources are necessary or whether the process can be conducted more efficiently.
2. OCI should track and monitor relevant audit milestone dates to ensure they are being met.
3. DJJ should develop mechanisms to ensure that facilities address internal audit findings. For example, DJJ could implement more specific protocols for CAP submittal and review and track facility progress.
4. OCI should improve communication of the audit process and audit results with facility directors.
5. DJJ should ensure the audit tool is consistent with best practices regarding summaries of key findings and audit work documentation.
6. DJJ should continue to update and improve the auditor training guide and ensure its dissemination and use by auditors.

Agency Response: *DJJ indicated that leadership began analyzing trends based on OCI audit outcomes in March 2022 to identify policy issues and concerns. In June 2022, DJJ established policy work groups composed of executive leadership, regional administrators, and facility directors who began reviewing the special incident reporting policy and obtaining feedback from direct care staff. However, due to the amount of time required for a policy overhaul, DJJ reported that it is procuring a consultant for a more robust policy review based on OCI audit findings.*

DJJ also indicated that 12 facilities have undergone ACA accreditation with an average score of 99.84% between 2018 and 2022 and that six facilities have been reaccredited with an average score of 99.61%. DJJ noted that the OCI audit team is heavily involved in the ACA accreditation process, which provides an external perspective of facility operations based on national standards.

Recommendation 7.1: *DJJ indicated that staffing is a challenge and it continues to struggle with recruiting and retention with the lingering effects*

of the COVID-19 pandemic. DJJ noted retention and recruitment efforts over the last two years, including a program of statewide intensive job recruitment and retention activities that will continue.

Recommendation 7.2: *DJJ indicated that it will explore the feasibility of tracking and monitoring relevant audit milestone dates.*

Recommendation 7.3: *DJJ indicated that it will explore the feasibility of developing mechanisms to ensure internal audit findings are addressed.*

Recommendation 7.4: *DJJ indicated that it will explore the feasibility of improving communication of the audit process and audit results with facility directors.*

Recommendation 7.5: *DJJ plans to develop an audit tool that is consistent with best practices. DJJ noted that while it explores best practices for an audit tool, it will have to balance this with a tool that allows for positive staff feedback to help with morale and staff's response to the process.*

Recommendation 7.6: *DJJ indicated plans to develop an auditor training guide that is consistent with the new audit tool mentioned above.*

Appendix A: Table of Findings and Recommendations

	Agree, Partial Agree, Disagree	Implementation Date
Finding 1: While the number of incidents in DJJ facilities have decreased in the last five years, we identified issues with DJJ’s response to the incidents that did occur. (p. 10)		N/A
No recommendations		
Finding 2: DJJ should resolve grievances in a timely and appropriate manner and track submissions to identify potential issues. (p. 13)		N/A
2.1 DJJ should clarify grievance policies and provide additional training to all involved staff on issues including emergency grievances, grievances submitted on weekends, grievance responses, and the appeals process.	Agree	FY 2025
2.2 DJJ should improve protocols to ensure the regional administrators’ QAR reviews are conducted thoroughly and consistently.	Agree	FY 2025
2.3 DJJ should explore a mechanism to provide youth a copy of their grievance for proof of submission (e.g., carbon copy, scanning grievances directly into a system, kiosk submission).	Partial Agree	FY 2025
2.4 DJJ should electronically track grievances for monitoring purposes. Central office management could review data to 1) ensure compliance with timeliness requirements; 2) ensure that more serious grievances are documented in special incident reports and fully investigated if warranted; 3) identify trends across facilities; 4) identify potential problems with specific facilities and staff; and 5) ensure that resolutions adequately address the problem (i.e., not “discussion with youth”).	Agree	FY 2025
Finding 3: DJJ should better ensure that facilities consistently adhere to incident reporting requirements and timelines. (p. 18)		N/A
3.1 DJJ should better ensure that facilities consistently meet all SIR requirements and evaluate whether additional staff are resources are necessary to do so.	Agree	FY 2025
3.2 DJJ should provide additional training on reporting requirements to ensure incidents are properly reported with complete paperwork.	Agree	FY 2025
3.3 DJJ should improve the quarterly regional administrator reviews and SIR monitoring tool to ensure problems are identified and corrected.	Agree	FY 2025

	Agree, Partial Agree, Disagree	Implementation Date
3.4 DJJ should continue to expand strategies that encourage a culture of accountability, such as periodically assessing facility culture, recognizing positive behaviors, ensuring staff can access advice and assistance with any concerns, and consistently taking action when staff fail to report known incidents.	Agree	FY 2025
Finding 4: DJJ should improve controls to ensure isolation is utilized appropriately. (p. 23)		N/A
4.1 DJJ should establish maximum time limits for isolation and requirements for any exceptions allowed.	Partial Agree	FY 2025
4.2 DJJ should implement additional management controls to ensure that isolation events are always entered into the data.	Agree	FY 2025
4.3 DJJ should require staff to record the specific reason for placing a youth in isolation and extending the isolation period in the data.	Agree	FY 2025
4.4 DJJ should improve data tracking methods to ensure that the data is reliable and can be easily analyzed to allow for comparisons across facilities or identification of trends.	Agree	FY 2025
4.5 DJJ should implement a routine management review of isolation data to ensure consistency and accuracy and to identify any issues (e.g., isolation length, use as a discipline).	Agree	FY 2025
4.6 DJJ should revise the approval continuum to clarify procedures and ensure management is fully informed of isolation duration. As part of this effort, DJJ should continue plans to integrate the approval continuum with isolation alerts to automate this process and require a response (approval or denial) by the designated authorizer.	Partial Agree	FY 2025
4.7 DJJ should establish procedures to ensure that regional administrators review isolation practices and document findings.	Agree	FY 2025
4.8 DJJ should enhance staff training and provide clear directions for utilizing isolation appropriately.	Agree	FY 2025
Finding 5: DJJ should modify the disciplinary process to improve accountability, consistency, and efficiency. (p. 29)		N/A
5.1 DJJ should review the disciplinary process and identify areas to ease requirements, streamline, and reduce paperwork.	Partial Agree	FY 2025
5.2 DJJ should establish additional protocols for integrating PBIS into the disciplinary process.	Agree	FY 2025

	Agree, Partial Agree, Disagree	Implementation Date
<p>5.3 DJJ should improve management oversight of the disciplinary process, sanctioning, and PBIS implementation. For example, DJJ management should:</p> <ul style="list-style-type: none"> a. Routinely monitor the number of incidents resulting in discipline across facilities; b. Begin tracking disciplinary reports that are dismissed for administrative reasons; and c. Require staff to enter sufficient details regarding sanctions (e.g., hours of early bedtime, description of “other” sanctions) and routinely review the sanctions for consistency and compliance with policy. 	Agree	FY 2025
<p>5.4 DJJ should ensure that facilities maintain sufficient staffing to execute the disciplinary process and that staff receive adequate training.</p>	Agree	FY 2025
<p>Finding 6: DJJ management should better ensure that investigations are conducted in a timely manner and that appropriate action is taken when allegations against staff are substantiated. (p. 34)</p>		N/A
<p>6.1 DJJ should improve management controls (e.g., the notification process) to ensure all incidents requiring investigation are assigned for investigation.</p>	Partial Agree	FY 2025
<p>6.2 DJJ should ensure the PREA unit is adequately staffed to manage their full caseloads.</p>	Disagree	
<p>6.3 DJJ should improve its process to meet timeliness requirements, particularly for PREA investigations. For example, improvements could involve additional tracking of milestone dates, review of trend data to identify issues (e.g., with specific investigators or facilities), and a more formal approval process for investigations exceeding 30 days.</p>	Disagree	
<p>6.4 DJJ management should implement additional measures to better ensure that staff are appropriately disciplined when allegations are substantiated. Measures could include more centralized tracking and oversight and additional training on disciplinary policies for facility directors.</p>	Partial Agree	FY 2025

	Agree, Partial Agree, Disagree	Implementation Date
Finding 7: DJJ has not been auditing facilities as frequently as agency policy requires, and issues often remain unaddressed following the audits. (p. 38)		N/A
7.1 DJJ should audit more facilities each year to comply with policy requirements and ensure that serious problems are identified. To achieve this, DJJ may need to evaluate whether additional resources are necessary or whether the process can be conducted more efficiently.	Agree	FY 2025
7.2 OCI should track and monitor relevant audit milestone dates to ensure they are being met.	Agree	FY 2025
7.3 DJJ should develop mechanisms to ensure that facilities address internal audit findings. For example, DJJ could implement more specific protocols for CAP submittal and review and track facility progress.	Agree	FY 2025
7.4 OCI should improve communication of the audit process and audit results with facility directors.	Agree	FY 2025
7.5 DJJ should ensure the audit tool is consistent with best practices regarding summaries of key findings and audit work documentation.	Agree	FY 2025
7.6 DJJ should continue to update and improve the auditor training guide and ensure its dissemination and use by auditors.	Agree	FY 2025

Appendix B: Objectives, Scope, and Methodology

Objectives

This report examines the Georgia Department of Juvenile Justice's (DJJ) incident response and management. Specifically, our review set out to determine the following:

1. What are the incident trends and outcomes in secure facilities?
2. Does DJJ have an effective incident response process that is followed in a consistent and timely manner?
3. To what extent does DJJ have effective controls to reduce the occurrence of incidents and improve incident response?

Scope

This audit generally covered activity related to DJJ's incident response and management that occurred between fiscal years 2018 and 2022, with consideration of earlier or later periods when relevant. Information used in this report was obtained by reviewing relevant laws, rules, and regulations; reviewing relevant DJJ records (e.g., disciplinary actions); interviewing DJJ staff and officials from other states' juvenile justice systems; reviewing DJJ internal audits; reviewing existing studies by the National Institute of Corrections (NIC), the Annie E. Casey Foundation, and Performance-based Standards (PbS); conducting site visits of secure facilities; and surveying DJJ secure facility staff. Additionally, we obtained and analyzed data from several DJJ databases, including:

- **Office of Quality Assurance (OQA) Incident Data** – DJJ staff record special incidents involving youth or staff on special incident reports (SIRs) electronically stored in OQA. These reports identify participants, incident offense codes, locations, dates of occurrence, incident descriptions, and other key fields. DJJ staff provided the audit team with OQA data and reference tables for all SIRs from January 2017 through August 2022.
- **Juvenile Tracking System (JTS) Disciplinary and Isolation Data** – DJJ staff record instances of disciplinary violations committed by youth in disciplinary reports electronically stored in JTS. These reports identify participants, violation types, locations, dates of occurrence, associated SIR numbers, disciplinary actions (sanctions), and other key fields. JTS also houses isolation data, which includes isolation dates, duration, and location. DJJ staff provided the audit team with JTS data for all disciplinary reports and isolation occurrences from January 2017 through August of 2022.
- **Spillman Investigations Data** – Office of Investigations (OI) staff record investigations of incidents involving youth or staff in the Spillman system—a third-party data management system widely used by law enforcement agencies. OI staff record incident participants, the date and nature of offenses, interviews and evidence, the timeline of investigation review and approval, and other key fields in the Spillman system. DJJ staff provided the audit team with Spillman data for all investigations from August 2019 (implementation date) through August 2022.

We identified several limitations during our data reliability assessment, including changes in data entry practices, inconsistency in records management across systems, and data entry errors. However, we determined the data obtained from these systems to be sufficiently reliable for the purposes of our analyses.

Government auditing standards require that we also report the scope of our work on internal control that is significant within the context of the audit objectives. All objectives address aspects of DJJ's incident response and management internal control structure. Specific information related to the scope of our internal control work is described by objective in the methodology section below.

Methodology

To determine the incident trends and outcomes in secure facilities, we obtained incident data from DJJ's OQA database for all documented incidents from January 2017 through August 2022. We used SIR numbers, offense codes, incident report dates, and incident location codes to analyze the total number of incidents, as well as the frequency of incidents by year, facility, and incident type.

We obtained disciplinary report data from DJJ's JTS database for all documented incidents from January 2017 through August 2022. We used juvenile identification numbers, disciplinary report dates, disciplinary hearing dates, rule violation codes, sanction codes, and disciplinary facility codes to analyze the total number of disciplinary violations and actions, as well as the frequency of disciplinary violations and actions by year, facility, and violation type. We also used this data to identify the types of sanctions imposed for various violation codes. JTS disciplinary data was compared to OQA incident data to determine whether all required disciplinary reports were present.

JTS alert and placement tables were used to evaluate the frequency, type, and duration of isolation. Youth are removed from isolation each night for bedtime but often resume isolation the following day for the same incident that initially incurred isolation. Isolation alerts are closed when youth are removed from isolation, and new alerts are created when youth resume isolation the following day. As a result, multiple isolation alerts were present in the data for the same incident based on the isolation description. We grouped related isolation alerts to create isolation events and more accurately identify the duration and frequency of isolation. To accomplish this, we calculated the difference between isolation alert start dates for all isolation alerts for each youth present in the data. Isolation alerts less than two days apart were grouped into isolation events, while isolation alerts two or more days apart were identified as separate isolation events. Additionally, we used juvenile identification numbers, isolation alert codes, and isolation alert start dates from the alerts tables to determine the corresponding facility (from placement tables) for each isolation event.

We obtained investigation data from DJJ's Spillman system for all investigations conducted from the implementation of the Spillman system in August 2019 through August 2022. We used investigation case numbers, SIR numbers, facility addresses, incident report dates, and nature of incident descriptions from primary investigations tables to analyze the total number of investigations and the frequency of investigations by year, facility, and nature of incident. We used citations tables to identify all offense codes associated with investigations and to determine the frequency of these offense codes by offense type, year, facility, and responsible party (staff offense or youth offense). Workflow tables were used to determine when investigations were assigned to OI investigators, when investigations were reviewed and approved, and the OI investigator assigned to the investigation. This information was used to identify the average and median lengths of investigations for Prison Rape Elimination Act (PREA) and non-PREA investigations for each facility and investigator.

We compared OQA incident report data and Spillman investigation data to identify incidents that did not receive investigations in accordance with DJJ policies. DJJ policies include a list of offense codes that require investigation by OI. We identified these offense codes in OQA incident report data and compared the SIR numbers for this report to the SIR numbers recorded in the Spillman investigation data. SIR numbers that required investigation but were not included in the Spillman data were

submitted to OI, who we asked to provide any supporting documentation confirming that the incidents were investigated.

To determine the action taken when investigations result in substantiated allegations against staff, we identified a non-random sample of 36 investigations in Spillman that resulted in substantiated allegations against 53 staff. We requested and reviewed all DJJ disciplinary records related to these allegations and interviewed staff regarding outcomes. Sample results cannot be extrapolated.

Juveniles that did not incur disciplinary action during their placement at DJJ secure facilities may be excluded from the OQA, JTS, and Spillman data we received from DJJ. We utilized Average Daily Population (ADP) data to identify trends in incidents relative to facility population. DJJ defined ADP as the total number of juveniles placed in a facility during a month divided by the total number of days in that month.

To determine the extent to which DJJ has an effective and consistently implemented incident response process, we reviewed DJJ policies and compared to the best practice research. We also interviewed DJJ staff regarding incident response processes and conducted site visits at six facilities to review documents and observe management meetings and physical features (e.g., grievance boxes).

We assessed DJJ's compliance with policies related to incident reporting, isolation, and facility discipline by reviewing DJJ's internal audits conducted between 2018 and 2022. Two facilities did not receive a comprehensive audit during the period reviewed—for these facilities, we reviewed technical assistance audits, which are similar to comprehensive audits but do not include compliance ratings. DJJ auditors find standards noncompliant if at least 10% of the documents reviewed did not meet its requirements. When reporting the number of noncompliant facilities, we excluded any facilities that were initially noncompliant but were found to be in compliance during DJJ's follow-up review.

We also assessed compliance by anonymously surveying DJJ secure facility staff regarding topics including incident reporting, facility discipline, and isolation. We emailed surveys to 1,340 staff using contact information provided by DJJ and provided flyers with QR codes to the survey for facility directors to distribute to staff. We received 370 responses (28%) from staff in various departments including administration, security, medical, education, and mental health; 12 respondents were excluded due to working in food service, housekeeping, and warehouse. Most survey questions included an option of "unsure" for respondents who may be unfamiliar with a specific topic that falls outside of their job duties; the "unsure" responses were excluded from the results when analyzing each question. Results should not be generalized to the entire population.

Lastly, we utilized the data analyses described under the first objective to assess incident response processes. These analyses focused on the frequency and duration of isolation and youth disciplinary rates and the types of sanctions imposed. In addition, we analyzed investigative data in Spillman to determine the length of investigations from case assignment to investigation completion. We also reviewed agency records to analyze the time from investigation completion to disposition.

To determine the extent to which DJJ has effective controls to reduce the occurrence of incidents and improve incident response, we interviewed DJJ staff, reviewed DJJ policies, and reviewed relevant portions of internal audit reports.

We also evaluated DJJ's grievance process to determine whether the process effectively addresses concerns that could potentially escalate to more serious incidents. We reviewed all grievances (765) submitted between July 2022 and September 2022. We assessed timeliness based on the grievance submission and response dates, allowing additional time for grievances submitted over the weekend since grievance boxes are not required to be checked on Saturdays and Sundays. We categorized

grievances based on primary topic area (youth rights, harassment, etc.) and reviewed resolutions.

Lastly, we assessed DJJ's internal audit process to determine whether the process serves as an effective control for improving incident response. We interviewed staff and compared DJJ's process and audit tool to best practices. We also analyzed the frequency of comprehensive audits completed and adherence to timeliness requirements for various audit milestones. We reviewed follow-up audits to determine the percentage of noncompliant findings that had been addressed.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix D: Incident Codes

Code	Incident Type	Description	Investigation Requirement
A1P	Death of youth (suicide)	Youth under DJJ supervision or in DJJ custody takes his/her own life.	OI will investigate if on DJJ property. May refer to local law enforcement/GBI.
A2P	Death of youth (other)	Youth under DJJ supervision or in DJJ custody dies from a cause other than suicide.	
A3P	Death of employee/visitor	Death of any person other than a youth on DJJ property	
B1P	Child abuse (physical)	An adult causing bodily injury to a youth other than by accidental means, resulting in an injury severity rating of 3 or more.	OI will investigate if on DJJ property.
B3P	Child neglect	Lack of supervision, abandonment, and/or disregard for the child's basic needs that places the child at substantial risk for harm.	OI will investigate at the request of the commissioner.
B4P	Child abuse/neglect off DJJ property	Child abuse or neglect (as defined in B1P and B3P) occurring off DJJ property.	OI will investigate if the injury severity rating is 3 or more. OI may investigate if the rating is 2 or less at the request of the commissioner.
B5P	Inappropriate use of physical intervention	Use of authorized physical intervention techniques beyond that necessary to manage the behaviors of an acting-out youth. Use of a physical intervention technique when it is not warranted. Physical handling when the least restrictive alternative is not appropriately utilized.	
B6P	Sexual abuse/exploitation off DJJ property	Youth disclosed sexual abuse/exploitation during intake screening or at any time while in DJJ custody.	
D1P	Self-harm	Attempts to suffocate, strangle, or hang self.	OI will investigate with an injury severity rating of 5.
D2P	Self-harm	Cutting, puncturing, or scratching.	
D4P	Self-harm	Ingesting chemicals, hoarding medications or objects for self-harm.	
D6P	Self-harm	Threatening to jump/jumping from a height, head banging, hair pulling, hitting self.	
D7P	Self-harm	Verbal threats, written statements/drawings about suicide or self-harm.	

Code	Incident Type	Description	Investigation Requirement
D8P	Self-harm	Tattoos, brandings, piercings, hitting/kicking walls/door.	
E1P	Surgery/hospital admission	Injury, pain, or illness requiring admission to an outside medical facility and/or requiring surgery.	OI will investigate as requested.
E2P	Mental health hospitalization	Youth admitted to an outside mental health facility.	
E3P	Outside medical (prescription drugs)	Youth serious injury or illness assessed at an outside medical facility secondary to ingestion of prescription drugs.	
E4P	Outpatient medical care	Injury, pain, or illness requiring assessment/treatment as an outpatient at an outside medical facility.	OI may investigate, at the discretion of the deputy commissioner.
E5P	Emergency psychotropic administration (injectable)	Medication given when a youth is exhibiting dangerous behavior to self or others and refuses oral administration of the medication.	
E6P	Emergency psychotropic administration (oral)	Medication given when a youth is exhibiting dangerous behavior to self or others and agrees to oral administration of the medication.	
F1P	Youth on youth physical altercation	A dispute between youth that results in aggressive and/or sustained contact between youth.	OI will investigate if staff requires outside medical treatment or a youth has a injury severity rating of 4 or more.
F2P	Youth on staff physical altercation	A youth making contact with staff with the intention of causing physical harm. Throwing an item, bodily fluids, or waste on staff.	
F5P	Youth on staff sexual contact	Youth intentionally touching the genitalia, anus, groin, breast, inner thigh, or buttocks of staff.	OI will investigate sexual assaults.
F7P	Behavior infraction (nuisance behavior)	Behavior infractions that are not covered under other specific incident codes or nuisance behaviors (e.g., bullying, harassment, incitement, etc.).	OI may investigate at the request of the facility director.

Code	Incident Type	Description	Investigation Requirement
G2P	Employee misconduct	Any staff activity/behavior that seriously threatens the ability of DJJ to fulfill its mission, directly threatens the health and safety of the employee, youth, or others, or involves an issue of trust of honesty.	OI will investigate at the request of the deputy commissioner.
G10P	Improper performance of duties	Inadvertent failure to complete job assignment within policies, post orders, and local operating procedures.	
G3P	Mistreatment of youth	Violation of DJJ policy other than child abuse resulting in an injury severity rating of 1 or 2 (e.g., choking, slapping, shoving, kicking, biting, spitting).	
G4P	High-profile criminal act	Violation of law by youth that would make the case a high-profile case and/or a specific criminal act.	OI may investigate.
G5P	Contraband	“Hard contraband” (e.g., weapons, alcohol, illegal drugs, large quantities of prescription drugs, cash, electronics).	OI may investigate contraband in violation of Georgia law or at the request of the deputy commissioner.
G9P	Gang activity	Any incidents involving gang graffiti, gang paraphernalia, gang-related assaults, major group disturbances, gang initiations, and recruitments.	The facility risk group officer will investigate and provide updates to OI.
G11P	Employee work stoppage	Employees promoting, encouraging, or participating in a strike.	
H3P	Automobile accident	An automobile accident involving youth being transported in a personal, state-owned, or rental vehicle by staff.	Property management will investigate.
H4P	Group disturbance	A violent disturbance that involves 4 or more youth that results in an injury severity rating of 4 or more or results in substantial property damage (\$1000 or more).	OI will investigate with an injury severity rating of 4 or more or at the request of the deputy commissioner.
H5P	Natural disaster, fire, or other emergency	Natural disaster, fire, or emergency occurring at a secure facility, community service office, community residential program, or central office.	OI will investigate at the request of the deputy commissioner.
H6P	Substantial property damage	Damage to any State property with a replacement cost of \$1000 or more.	

Code	Incident Type	Description	Investigation Requirement
H7P	Hostage situations	A hostage situation involving a youth, visitor, or staff.	OI will investigate.
K1P	Youth accidental injury	An accidental and unintentional injury sustained by youth with an injury severity rating of 4 or more.	OI will investigate at the request of the medical director or deputy commissioner.
P1P	Physical intervention technique (without mechanical restraint)	To physically compel a youth to comply with a directive.	OI will investigate with an injury severity rating of 4 or more.
P2P	Physical intervention technique (with mechanical restraint)	Use of a mechanical restraint device for security purposes.	
P3P	Physical intervention technique (with mechanical restraint)	Use of a mechanical restraint device for therapeutic purposes.	
P5P	Use of chemical agent	Use of Oleoresin Capsicum Spray or Pepper Balls in secure facilities or community services offices.	OI will investigate.
P6P	Use of deadly force	A response that is likely to cause death.	
R1P	Escape	To flee confinement in a secure facility.	OI will investigate.
R2P	Attempted escape	To commit a substantial act in an attempt to flee confinement in a secure facility.	
R3P	Escape from custody off-site	To flee the secure custody of a DJJ employee or other law enforcement while in transport.	
R4P	Attempted escape from custody off-site	To commit a substantial act in an attempt to flee the secure custody of a DJJ employee or other law enforcement while in transport.	
R5P	Runaway (community residential placement)	To leave, without authorization, a residential non-secure placement.	OI may investigate at the request of the deputy commissioner.

Code	Incident Type	Description	Investigation Requirement
R6P	Runaway (home placement)	To leave, without authorization, a home placement.	
PY1	Youth on youth sexual penetration	Any sexual penetration of a youth by another youth that is unwanted or nonconsensual.	OI will investigate.
PY2	Youth on youth sexual contact	Any sexual non-penetration of a youth by another youth that is unwanted or nonconsensual.	
PY3	Youth on youth sexual harassment	Repeated unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.	
PS1	Staff on youth sexual penetration	Sexual penetration of a youth by staff.	
PS2	Staff on youth sexual contact (non-penetrative)	Any intentional contact, non-penetrative touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.	
PS3	Staff on youth indecent exposure	Any display by staff of his/her uncovered genitalia, buttocks, or breasts in the presence of a youth.	
PS4	Staff on youth voyeurism/sexual harassment	Staff invades youth's privacy for reasons unrelated to duties or is unnecessary (e.g., peering at a youth using the toilet in their cell, requiring youth to expose themselves, taking images of a youth's naked body). Staff making sexual advances, requesting sexual favors, making verbal comments or gestures of a derogatory or sexual nature.	
M1P	Youth lewd or lascivious exhibitionism	Any of the following behaviors with the desire or belief someone will witness: exposure of genitals, exhibition of masturbation, exhibition of consensual sexual activities between youth.	OI may investigate at the request of the deputy commissioner.
M2P	Youth lewd or lascivious behavior (two or more)	Consensual sexual activities between two or more youth when performed privately with the desire and belief no one will witness.	

Code	Incident Type	Description	Investigation Requirement
W1P	Firing weapon outside of training	To fire a DJJ issued weapon in any situation outside of a training setting.	OI will investigate.
PC1	Protective custody	Youth identified as having a perceived risk of harm from others requiring staff action to assure youth safety.	
Source: Agency documents			

Appendix E: Disciplinary Infractions and Sanctions

Nuisance Behavior (Should initially be addressed with informal counseling and PBIS)	
Property Violation	Damaging, stealing, selling, bartering, transferring, receiving, or disposing of state property or the property of another person.
Nuisance Contraband	Possession of authorized items in excess of the quantities allowed (e.g., clothing, letters, books). Possession of non-dangerous contraband (e.g., pencils, paper, food, etc.).
Horseplay	Rowdy or rough play in which all participants are willfully participating and there is no injury.
Harassment	Unwelcome conduct based on race, religion, color, gender, age, national origin, sexual orientation, or disability.
Gang-Related Activities	Any activity that is related to participation in a gang (e.g., gestures, signs, writings, etc.).
Intentionally Throwing/Propelling an Item	Intentionally throwing/propelling an item (e.g., fluids, food, paper, etc.) regardless of if contact is made.
Refusal to Obey	Refusal to follow the instructions given by staff after other documented intervention strategies have failed.
Altering Appearance	Improperly wearing assigned uniform. Wearing an unauthorized uniform, mask, wig, disguise. Tattooing.
Lying/Willful Deceit	Not being truthful. Knowingly making a false statement that results in an investigation or impedes an existing investigation. Deception in mail, telephone, or visitation privileges.
Disrespect/Profanity	To regard or treat with contempt or rudeness. Use of abusive, vulgar, or irreverent language.
Exchanging Food	Giving another youth food or receiving food from another youth.
Littering	Failure to use proper trash receptacles.
Source: Agency documents	

Behavioral Infractions	
Dangerous/Illegal Contraband	Any item that is illegal for staff or youth to possess within a DJJ facility (e.g., alcohol, drugs, medications, weapons, tobacco, lighters, etc.). Possession of any cellular device or accessory by youth. Positive drug/alcohol screen. Possession of items with gang graffiti. Possession of hems removed from bedding, clothing, etc.
Safety Violation	Manipulation of locks, doors, and other safety/fire equipment in order to make the item not properly function. Placing paper, clothing, covers, etc. in the youth's cell window. Disrupting the count. Attempting to or causing a fire.
Refusal to Cut Hair/Shave	Actively or passively refusing to cut hair/shave in accordance with hair hygiene guidelines.
Bullying	Badgering, intimidating, coercing, threatening, extorting others, or instigating an altercation between others.
Harassment	Unwelcome conduct based on race, religion, color, gender, age, national origin, sexual orientation, or disability.
Gang-Related Activities	Any activity that is related to participation in a gang (threatening, intimidating, etc).
Aiding an Escape/Attempted Escape	Assisting another youth to flee from confinement in a secure facility.
Escape/Attempted Escape	To flee or attempt to flee from confinement in a secure facility.
Unauthorized Presence	Being physically present in an unauthorized location without permission.
Riot/Group Disturbance	A violent disturbance that involves four or more youth that results in an injury severity rating of three or higher or results in substantial property damage (\$500 or more).
Youth on Youth Physical Altercation	A dispute between youth that results in aggressive and/or sustained contact between the youth. Throwing/propelling an item on another youth.
Youth on Staff Physical Altercation	A youth making contact with a staff member with the intention of causing physical harm. Throwing/propelling an item on staff.
Intentionally Throwing/Propelling an Item	Intentionally throwing/propelling an item (e.g., fluids, food, paper, etc.) regardless of if contact is made.
Youth on Youth Sexual Penetration	Any sexual penetration by a youth of another youth.
Youth on Youth Sexual Contact	Non-penetrative touching of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration without consent.
Youth on Youth Sexual Harassment	Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures/actions of a derogatory or offensive sexual nature.

Behavioral Infractions	
Youth on Staff Sexual Contact	Contact between youth and staff that involves intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.
Inappropriate Sexual Behavior	Indecent exposure. Inappropriate sexually related talk or gestures.
Lewd and Lascivious Conduct	Intentional exposing of genitals in a lewd or lascivious manner, or intentional exhibition of masturbation or any sexual act in the presence of a staff member.
Obstruction of Staff	Behavior displayed by youth that physically blocks or impedes a staff's ability to defuse, intervene, or assist other staff/youth in distress.
Continued Refusal to Obey	Repeated refusal to follow the instructions given by staff after other documented intervention strategies have failed.
Threats	Verbally or non-verbally threatening staff or youth.
Careless/Reckless Operation of Tools, Equipment, Machinery	Authorized use of tools, equipment, or machinery in such a way that poses a safety hazard. Unauthorized use of tools, equipment, or machinery.
Improper Use of Medication	Selling, bartering, giving, disposing of, hoarding, or checking medication.
Violation of Victim's Rights	Communicating with a victim and/or victim's family who has requested no communication.
Incitement	Encouraging, persuading, directing, orchestrating, or promoting behavior that poses a threat to the safety and security of the facility.
Source: Agency documents	

Disciplinary Sanctions
Verbal reprimand
Extra chores limited to a 4-hour period over a one-week period
Up to a 7-day loss of work duty privileges
Restriction from a specific activity
Up to 7 days of early bed (the youth must remain out of the room for 14 hours per day)
Writing assignments
Vending machine restriction during regular visitation
Additional sanctions authorized by the facility director that does not infringe on youth's rights
Source: Agency documents

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