PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

Date of report: 06/17/16

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: May 18-19, 2016			
Facility Information			
Facility name: Morehead Youth Development Center			
Facility physical address: 495 Forest Hills Drive, Morehead, KY 40351			
Facility mailing address: *(if different from above)*			
Facility telephone number: (606) 783-8565			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Correctional	☐ Detention	☐ Other
Name of facility's Chief Executive Officer: John Gillum			
Number of staff assigned to the facility in the last 12 months: 38			
Designed facility capacity: 40			
Current population of facility: 6			
Facility security levels/inmate custody levels: Level 3			
Age range of the population: 15-18			
Name of PREA Compliance Manager: Dawn D. Vice		**Title:** Juvenile Facility Superintendent I	
Email address: DawnD.Vice@ky.gov		**Telephone number:** (606) 783-8565 ext.106	
Agency Information			
Name of agency: Department of Juvenile Justice			
Governing authority or parent agency: *(if applicable)*			
Physical address: 1025 Capital Center Drive 3rd Floor, Frankfort, KY 40601			
Mailing address: *(if different from above)*			
Telephone number: (502)573-2044			
Agency Chief Executive Officer			
Name: LaDonna L. Koebel		**Title:** Acting Commissioner	
Email address: LaDonnaL.Koebel@ky.gov		**Telephone number:** (502)573-2044	
Agency-Wide PREA Coordinator			
Name: LaShana Harris		**Title:** Assistant Director of Administrative and Program Services	
Email address: LaShanaM.Harris@ky.gov		**Telephone number:** (502)573-2044	

AUDIT FINDINGS

NARRATIVE

Morehead Youth Development Center (MYDC) is a 40 bed female level 3, medium secure residential facility governed by the Kentucky Department of Juvenile Justice (KYDJJ). The facility's population has remained consistently at twenty (20) or below for the last several years. The population number can fluctuate from one week to the next if there are an abundance of intakes and releases that occur within a short time-frame. Residents are either adjudicated by the district court or have been sentenced by the circuit court as youthful offenders and placed at MYDC, ranging from 12-18 years of age. The mission of the facility is to provide treatment and care to residents who have been adjudicated by the court system and to teach them self-respect and self-control in order to assist them in becoming law abiding, productive citizens in an effort to enhance successful reintegration into communities throughout the commonwealth of Kentucky. The average length of stay is five (5) to six (6) months. MYDC is American Correctional Association (ACA) accredited. There were six (6) residents at the facility at the time of the review.

MYDC is staffed with thirty-eight (38) full time staff. The staff consists of: Juvenile Superintendent II; Juvenile Superintendent I, Youth Services Program Supervisor; Qualified Mental Health Person/Treatment Director; five (5) Shift Supervisors; four (4) Youth Worker III; six (6) Youth Worker II; four (4) Youth Worker I; three (3) Social Service Clinicians; Social Service Worker II; Rehabilitation Instructor II; Fiscal Manager; Administrative Specialist III; Administrative Specialist II; Maintenance Superintendent I; Mechanical Maintenance Operations Technician III; Food Service Operations Manager I and two (2) Food Prep Center Coordinators. The psychiatrist, medical and dental staff are contracted except for the two (2) nurses who are facility staff.

The medical and dental staff providing services at the facility consisted of: a registered nurse shift program supervisor, a licensed practical nurse providing nursing services on-site during the week and an on-call APRN. All residents are seen by the APRN within several days of the admission. Sick call is held seven (7) days a week to receive resident medical complaints. Also, the nurses provide health education and counseling about a variety of topics. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental staff consisted of a dentist and a dental assistant providing dental services several days a week consisting of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. Emergency services and forensic examinations are conducted at the St. Claire Regional Medical Center, Morehead, Kentucky. Pathways, Inc. is the program identified to provide the victim advocacy services for the residents at the facility.

Upon admission the resident is assigned to one (1) of the facility treatment groups based on their individual treatment needs. The time frame for a resident to be released from the facility is determined by their progress on specific treatment goals and objectives and advancement through the three (3) Track Level milieu. Counseling is the core element of the comprehensive therapeutic experience that is necessary to carry out the facility mission. Group and individual counseling is afforded to each resident along with family counseling as outlined in their treatment track. Group counseling is conducted three (3) to five (5) times per week and individual counseling at least once (1) per week. Counseling allows the resident to discuss the issues that have been established on her Individualized Treatment Plan. Mental health issues are addressed with the consultation of the Treatment Director/Qualified Mental Health Person and a contracted Psychiatrist. Youth Counselors are available seven (7) days a week. Residents may participate in one of the substance abuse modalities based on their individual needs. This will be determined during their Individual Treatment Plan (ITP) meeting. Each resident must demonstrate a commitment to respecting the confidentiality of each drug and alcohol group.

Residents are eligible to receive visitors after their ITP has been conducted. Visitation is conducted on Sundays from 1:00 p.m. until 4:00 pm and is restricted to four (4) visitors per resident. The resident's parents/guardians, grandparents and siblings may visit. Special visitation may be arranged through the assigned Youth Counselor. Staff reserves the right to supervise visits and terminate them in the event that the resident or visitors behave in an irresponsible manner. Calling hours have been established for families to be able to call and talk with their daughter through the week. Additional opportunity for phone contact occurs through family counseling sessions with their assigned Counselor and through extra motivators (privileges) earned. The residents are also provided opportunity for coorespondence contact with their families. Aftercare issues involve the resident’s placement, mental health, education, substance abuse, and family counseling follow up in the community. A resident’s aftercare plan is initially determined upon arrival to the program and is formulated in collaboration with the resident, resident’s family, counselor, furlough coordinator, school personnel, and community workers during the ITP conference. Revisions to the aftercare plan are adjusted as needed by the resident’s Treatment Team. Day passes and furloughs will be arranged when applicable to assist with reintegration into the community.

The educational component of the program is provided by a joint agreement through the Rowan County Board of Education and KCTCS. The faculty, consisting of a head teacher, an additional academic teacher, two (2) vocational teachers, and support staff, work to provide a positive and nurturing educational environment. Students are encouraged to maximize their academic and vocational potential to gain the experiences and skills necessary to become successful citizens in today’s society. The goal of the school is to assist the resident in credit recovery and advancement. There is a library available and technological equipment to enhance student learning. Accommodations are

available for those with IEPs and/or diagnosed Learning Disabilities. In addition to a full range of academic classes, students at T.E.A.M. (Together Everybody Achieves More) MYDC School have the opportunity to participate in two (2) KY-Tech programs--Horticulture and Information Technology. Students have the opportunity to complete their high school requirements with special services and support provided. The Rehabilitation Instructor teaches Employability Skills, Career Exploration, Personal Finance and Life Skills. Additionally, residents receive instruction in food preparation, housekeeping and general maintenance. In addition, residents will participate in numerous work experience and community activities while attending MYDC.

MYDC offers a wide range of recreational opportunities including exploration in the arts, athletics, and the surrounding community. The facility encourages personal creativity and fitness through a variety of activities. Involvement within the community through community service projects (nursing home, dog shelter), Morehead State University, and state park programming helps to provide community integration. Residents may elect to attend church services held on campus every Tuesday evening. Volunteers from various denominations within the community conduct the worship service each week in order to meet the range of spiritual needs of the residents. Should a resident have specific religious needs, the accommodations or request will be taken into consideration by the Department Religious Coordinator.

MYDC operates a Greyhound training program in association with The Greyhound Pets of America - Louisville, whereby retired greyhound dogs are trained and become eligible for adoption. There are currently two (2) greyhounds and they are assigned to the residents who have been taught how to train them. The dogs go with the residents during the day and they sleep in cages at night. After the dogs complete a twelve week (12) training program, a graduation ceremony is held and they are released to their adoptive homes. The resident chosen to participate in this program take great pride in the opportunity to be able to train the dogs. The training they provide has become a good practical guide into the development of confidence and self-esteem building for the handlers (residents).

DESCRIPTION OF FACILITY CHARACTERISTICS

Morehead Youth Development Center (MYDC) is located on a beautiful campus setting located in Morehead, Kentucky, which is in eastern Kentucky at the foothills of the Appalachian Mountains. The physical plant was originally built in 1956 as an Orphanage, and changed through the years to meet the needs of the current population. The facility was under the Cabinet of Families and Children until 1998 when the Department of Juvenile Justice was created. The facility consists of the main administration building which houses the administrative offices, a kitchen, dining area, school, vocational classes, library, recreation room and storage areas. There is a gymnasium, two (2) maintenance sheds and a building housing the East Regional offices, a temporary medical office and the maintenance department on the campus. There is also a large outdoor recreation area.

The general housing area consists of two (2) separate cottages, with a maximum of twenty (20) residents per cottage due to fire regulations. Only one (1) cottage is operational at this time. This cottage (Cherokee), has four (4) bedrooms, with two (2) of them being located on each end of the hallway. The bedrooms are dormitory style, containing bunk beds to provide sleeping arrangements for up to six (6) residents and a bathroom/shower area. There is a staff observation desk located on each end outside of the rooms. A mirror is located above the desk to allow staff to see what is occurring behind them. Plexi-glass windows are located in front of the desk to allow staff direct visual into the bedrooms. The beds directly in front of the windows are always filled. They are utilized for residents charged as sex offenders or residents who are deemed to be at or are high risk. Each bedroom has a muted desk light that is left on at night and a mirror on the wall to assist with visual monitoring. Baby monitors are utilized to assist with detecting sounds or movements that occur within the bedroom. Each bedroom is equipped with a camera. Included in the housing area is a day room, a leisure recreation room, bathrooms/shower rooms, two security/ isolation rooms, a kitchenette and two counseling offices. The other cottage (Shawnee), closed in 2013 when the average daily population decreased to where only one (1) housing unit was needed.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by April 6, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Kentucky Department of Juvenile Justice (KYDJJ) Assistant Director of Administrative and Program Services/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the administration area, school area, intake, dining area, visitation, and cottages. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by April 20, 2016. The documents, which were uploaded to a USB flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager and providing a list of noted concerns, the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager sent the documentation prior to arrival to the facility. Also several documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on May 18-19, 2016. An entrance briefing was conducted with the Juvenile Superintendent II, Juvenile Superintendent I, Youth Services Program Supervisor, and KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager (via phone). During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area with offices, conference/library area, medical area, school and classrooms area, intake/orientation area, recreation areas, additional offices, storage and laundry area, kitchen and dining room, two (2) cottages, maintenance building and gymnasium. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the cottages did allow for privacy.

During the two (2) day on-site visit, there were a total of six (6) residents in the facility. All six (6) residents were interviewed on the first day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of the KYDJJ obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-two (22) staff including those from all three (3) shifts, supervisory staff, contracted staff (teachers), Juvenile Superintendent II, Juvenile Superintendent I, Youth Services Program Supervisor, medical and mental health staff were interviewed during the on-site visit. Interviews earlier in the week were conducted with the IIB Internal Investigator and KYDJJ Contract Facilitator. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Juvenile Superintendent II, Juvenile Superintendent I, Youth Services Program Supervisor, and KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager (via phone). At the exit debriefing, it was discussed additional documentation was required for four (4) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] effective 4/04/15, outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident the excutive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Kentucky.

DJJ has a designated juvenile PREA Compliance Manager who works statewide to implement the PREA Standards and who indicated she has sufficient time and authority to develop, implement and oversee compliance efforts of thirty-one (31) residential facilities. The Juvenile Superintendent I is designated as their facility PREA Coordinator who indicated she has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of KYDJJ Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

Standard 115.312 Contracting with other entities for the confinement of residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the documentation revealed Kentucky Department of Juvenile Justice (KYDJJ) has entered into/renewed contracts with eighteen (18) varied private or other government agencies to provide confinement of residents. Of these contracts, there is only one (1) contract that is eligible for DJJ to monitor compliance with the PREA standards.

Standard 115.313 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 910 Subject (Facility Security Management) effective 4/04/15; Chapter (Program Services) Policy #319 Subject (Staff Requirements for the Supervision of Youth) & Policy #319.1 Subject (Facility Capacities) effective 7/01/15, required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Additionally, MYDC has Standing Operating Procedures (#2, #12, #26, #50, #78 & #124) to comply with the requirements at the facility level. The facility complies with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts on a weekly basis. MYDC's staffing plan was developed, implemented and in compliance with the standards. During the initial documentation review, the facility did not report deviations from the staffing plan during the past 12 months, however, the facility's staff to resident ratios varied due to the fluxuation of the resident population during the awake and sleep hours in both cottages. Minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Unannounced rounds are conducted weekly on every shift and documented on the "Administrative Facility Tour Log" that contains observations of all areas of the facility. Each member of the administrative team conducts and documents unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a weekly basis. Staff interviews confirmed the process takes place in the facility.

Standard 115.315 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 910 Subject (Facility Security Management) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; General Directive #12-01; Chapter (Program Services) Policy #321 Subject (Incident Reporting) & Policy #325 Subject (Searches) effective 7/01/15, required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm/housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Additionally, MYDC has Standing Operating Procedures (#60, #63, #91, #106, #124, & #126) to comply with the requirements at the facility level. There were no cross-gender pat-down searches conducted during the past 12 months. Most staff and resident interviews indicated that male staff entering the cottage area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that male staff are prohibited from entering the bathroom/shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. A review of the training documentation including a "Cross Gender Visual Searches" power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. However, all staff were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. After the on-site visit, all staff were trained on cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. The KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 10/14/13; Chapter (Admissions) Policy #208 Subject (Youth Rights) effective 7/01/15; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 7/01/15; and Chapter (Health and Safety Services) Policy #404.1 (Admission Screening for Physical and Mental Challenges) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. There are postings throughout the facility in English and Spanish and staff have access to Language Services Associates and Telephone Interpretation Services. Additionally, the facility has posted information on Human Trafficking and information is provided to all residents during the intake process. Each DJJ facility is required to complete a "Interpreter Services Monthly Log Sheet" and return this information to the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager on a monthly basis. Rowan County Board of Education provides education to the residents at the facility. The teachers could provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff training documentation, pamphlet and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Also the resident handbook is available in Spanish. Most staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

Standard 115.317 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Kentucky's Open Records Act (KRS) 61.872 & 878; Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #106.3 Subject (Background Checks) & Policy #134 Subject (Records Request) effective 12/01/14, contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. Additionally, MYDC has Standing Operating Procedures (#4, #25, #118 & #121) to comply with the requirements at the facility level. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. Material omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks and the questions regarding past misconduct (PREA Requirements for DJJ Staff form) were asked and responded to during the hiring process.

Standard 115.318 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MYDC has not been newly designed or had a substantial expansion or modification since August 20, 2012. The initial documentation review did not contain any information, however during the on-site visit there was a discussion on the facility being upgraded with security mirrors, cameras and video surveillance system in 2014 - 2016 to address any blind spots. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility. Since the initial review and on-site visit, the documentation was received prior to the submission of this report.

Standard 115.321 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; General Directive #10-02; Chapter (Program Services) Policy #300.1 Subject (Program and Services); Chapter (Health and Safety Sevices) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services); Policy #404.8 Subject (Hospital Care); Policy #408.1 Subject (Forensic Information) and MYDC has Standing Operating Procedures (#66 & #123), contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed Internal Investigations Branch (IIB) and Kentucky State Police (KSP) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. Pathways, Inc. is the program identified to provide the victim advocacy services for the residents at the facility. St. Claire Regional Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at St. Claire Regional Medical Center is SANE certified. The facility has identified several mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards.

Standard 115.322 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigation and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment. The PREA policy can be found at the Kentucky state's website. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. MYDC has reported no allegations of sexual abuse and sexual harassment resulting in a criminal investigation, however, the facility had four (4) allegations resulting in administrative investigations with unfounded outcomes. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the admninistrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.331 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 10/14/13; Chapter (Professional Development) Policy #502 Subject (Pre-Service Training); Policy #505 Subject (Training Requirements, Special Staff Groups and Specialized Task Training); Policy #506 Subject (Training Academy Operations) and MYDC has Standing Operating Procedures (#34, #43, #44 & #125), requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. Additionally, staff are trained on additional policies and procedures (Chapter 208, 901, 906, 907 & 908), "Keeping Our Kids Safe" video, and several Kentucky statutes besides other training materials. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities male and female resident populations. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign acknowledgement forms for all the different DJJ Training Phases upon completion of the initial PREA training. A review of all acknowlement forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment.

Standard 115.332 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance) and Chapter 903 Subject (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors) effective 4/04/14; Chapter 911 Subject (DJJ Staff PREA Education and Training) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and view the "Keeping Our Kids Safe" video. All volunteers, interns and contractors receive and sign an acknowledgement form for DJJ Phase 1 & video upon completion of the PREA training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

Standard 115.333 Resident education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) effective 4/04/14; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 7/01/15 and MYDC has Standing Operating Procedures (#106 & #122), requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook & brochure is provided to them for future reference. After the review with the resident she is asked to sign various forms (Resident Reception Summary & Youth Acknowledgement) verifying receipt for all information regarding orientation to the facility. All residents are provided Resident Orientation Packet, Resident PREA Education, Human Trafficking brochure, and KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" brochure which includes information on prevention/intervention self-protection, reporting and treatment/counseling and all available in Spanish. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the packet & brochures. Additionally, they indicated their youth worker staff have continued to provide this education on an ongoing basis.

Standard 115.334 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #133 Subject (Ombudsman) and Policy #140 Subject (Reporting of Special Incidents) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigations and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigations. All IIB Investigators under go an extensive training prior to conducting administrative investigations which includes the "Basic Investigation Training" requirement. Documentation and an interview with IIB Internal Investigations Manager confirmed the required initial and annual investigation trainings.

Standard 115.335 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training); Chapter (Health and Safety Sevices) Policy #404.3 Subject (Health Assessment and Physical Examination); Policy #408.1 Subject (Forensic Information) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation did not contain all the training completed by all eight (8) of the medical and mental health staff. It was evident through the medical and mental heath staff interviews they had received the basic PREA training provided to all staff and the specialized training. None of the medical staff conduct forensic examinations. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. A review of the documentation revealed the medical and mental health staff received specialized training through obtaining the four (4) modules (Specialized Training: PREA Medical and Mental Care Standards curriculum) from the PREA Resource Center, therefore the facility is in full compliance with this standard.

Standard 115.341 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #132 Subject (Privacy of Health Information); Policy #149 Subject

(Information Systems); Policy #328 Subject (Individual Client Records); Chapter (Detention Services) Policy #705 Subject (Individual Client Records) and MYDC has Standing Operating Procedure (#120), requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. The Victimization and Sexual/Physical Aggression Screener (VSPA-S) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments.

Standard 115.342 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) and MYDC has Standing Operating Procedures (#71, #72, #106, #110, #120, #123 & #126), precludes gay, bi-sexual, transgender and intersex residents being placed in a particular cottage, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The assigned facility staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are two (2) cottages with four (4) bedrooms located in each one of them The bedrooms are open bay/dormitory style with six (6) bunks in each room. Each cottage has two (2) isolation rooms and only one (1) cottage is operational. Isolation is not utilized at the facility as a means of protective custody.

Standard 115.351 Resident reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 907 Subject (Resident PREA Education) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials); Policy #132 Subject (Privacy of Health Information); Policy #140 Subject (Reporting of Special Incidents); Policy #143 Subject (DJJ Internal Affairs); Chapter (Program Services) Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation); Policy #321 (Incident Reporting) and MYDC has Standing Operating Procedures (#57, #63, #83, #121, #122 & #123), provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, grievance process, and third party. While touring the entire facility, it was observed in administration area, school area, intake, dining area, visitation, and cottages postings of the PREA information, victim advocate services information, and brochures. Reporting procedures are provided to residents through the orientation packet and brochures. All staff and resident interviews along with the supporting documentation verified compliance with this standard.

Standard 115.352 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Policy #143 Subject (DJJ Internal Affairs), describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance box located in the dining area of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Youth Services Program Supervisor will review the complaint within 24 hours and advise the resident of the outcome or status of the investigaton. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

Standard 115.353 Resident access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #121 Subject (Youth Access to Courts,

Attorneys and Law Enforcement Officials); Policy #132 Subject (Privacy of Health Information); Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation); Chapter (Detention Services) Policy #720 Subject (Programs and Services); Policy #720.6 Subject (Family and Community Contact) and MYDC has Standing Operating Procedures (#57, #63, #78, #121, & #123), ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. Pathways, Inc. is the program identified to provide the victim advocacy services for the residents at the facility. St. Claire Regional Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim.Documentation was provided that the medical examiners at St. Claire Regional Medical Center is SANE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The orientation packet contained information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services.

Standard 115.354 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An initial review of documentation identifies KYDJJ third party reporting process and instruct staff to accept third party reports. KYDJJ & IIB website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

Standard 115.361 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training); Chapter (Administration) Policy #100.1 Subject (Promulgation and Revision of Department Policy); Policy #102 Subject (Employee Code of

Ethics); Policy #104 Subject (Code of Conduct); Policy #140 Subject (Reporting of Special Incidents); Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Administration) Policy #328 Subject (Individual Client Records) and MYDC has Standing Operating Procedures (#10, #57, #63, #121, #123 & #125), identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training.

Standard 115.362 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and MYDC has Standing Operating Procedures (#30, #57, #63, #73, #78, #121 & #123), requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Juvenile Superintendent II and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #140 Subject (Reporting of Special Incidents) and MYDC has Standing Operating Procedures (#57, #63, #121 & #123), requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with KYDJJ policies and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident to IIB for investigation and complete an incident report. The Juvenile Superintendent II had not received any allegations that a resident was abused while confined at another facility during the past 12 months.

Standard 115.364 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and MYDC has Standing Operating Procedures (#123), requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegation of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with KYDJJ/MYDC policies and procedures. It was evident that staff have been trained in their responsibilities as first responders and could identify the Sexual Assault Response Team (SART) toolkit.

Standard 115.365 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and MYDC has Standing Operating Procedures (#123), provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration and contacting medical and mental health outside sources. MYDC First Responder Plan of Action provides the staff with clear actions to be taken by each discipline for accessing, IIB, administration, law enforcement, rape crisis center, victim advocate services, parent/guardian and a number of other indiviudals. Interviews with the Juvenile Superintendent II and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Chapter (Admissions) Policy #208 Subject (Youth Rights) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. KYDJJ policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Youth Services Program Supervisor is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) and MYDC has Standing Operating Procedures (#57, #72, #73 & #123), contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident

safe can be arranged. The facility restricts any isolation placement, however, MYDC could use the isolation rooms as a last resort. There have been no residents who have alleged sexual abuse in the past 12 months.

Standard 115.371 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconcuct); Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #133 Subject (Ombudsman); Policy #140 Subject (Reporting of Special Incidents); Policy #142 Subject (Staff Involved in Special Incident Allegations); Chapter (Health and Safety Services) Policy #408.1 Subject (Forensic Information); IIB-001 (DJJ Case Assignment & Investigatons); IIB-002 (Receipt of DJJ Allegation and Hotline Coverage); IIB-013 (PREA Investigations) require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for investigation and determination of criminal charges. There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

Standard 115.372 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the IIB-001 (DJJ Case Assignment & Investigatons) contains all the elements of the standard and the Internal Investigations Branch investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Juvenile Superintendent II indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to KYDJJ for consultation with legal and Human Resources to determine disciplinary actions.

Standard 115.373 Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Chapter (Program Services) Policy #321 (Incident Reporting) and MYDC has Standing Operating Procedures (#57, #63 & #121), requires that any resident who makes an allegation that she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. MYDC has a "Report of Investigative Outcome to Resident" form to notify the resident. The policies further requires that following a resident's allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the facility; MYDC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, IIB notifies KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager who notifies the Facility Superintendent II who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months which was investigated and completed by an outside agency. The Facility Superintendent II validated his technical knowledge of the reporting process during his interview.

Standard 115.376 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconcuct); Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Chapter (Adminstration) Policy #104 Subject (Code of Conduct); Policy #105 Subject (Management Response to Work Guideline Violations); Policy #142 Subject (Staff Involved in Special Incident Allegations) and MYDC has Standing Operating Procedures (#10, #57, #117, #118 & #121), requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with KYDJJ policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employees terminated in the past 12 months for violation of the group home's sexual abuse or harassment policies. The Facility Superintendent II interview validated his technical knowledge of the reporting process was consistent with KYDJJ policy and procedures.

Standard 115.377 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconcuct) & Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 4/04/15; Chapter (Adminstration) Policy #104 Subject (Code of Conduct) and MYDC has Standing Operating Procedures (#10, #117 & #125), requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Superintendent II. There have been no volunteers or contractors reported in the past 12 months.

Standard 115.378 Disciplinary sanctions for residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconcuct); Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #318.1 Subject (Graduated Responses, Sanctions, and Incentives); Policy #318.2 Subject (Disciplinary Review); Policy #318.3 Subject (Discipline: Level 5 Youth Development Center); Policy #323 Subject (Isolation) and MYDC has Standing Operating Procedures (#117, #121, #122, & #123), found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. MYDC staff provides each resident with a orientation packet that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Facility Superintendent II indicated that residents may also be referred for prosecution if the allegations were criminal.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter (Adminstration) Policy #132 Subject (Privacy of Health Information); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Chapter (Health and Safety Services) Policy #403 Subject (Medical Records); Policy #404.1 Subject (Admission Screening for Physical and Mental Challenges); Policy #404.3 Subject (Health Assessment and Physical Examination) and MYDC has Standing Operating Procedure (#120), require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. There were no residents who disclosed prior victimization during their initial screening process.

Standard 115.382 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #307 Subject (Counseling Services); Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services) and MYDC has Standing Operating Procedures (#120, #122 & #123), requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Pathways, Inc. is the program identified to provide the victim advocacy services for the residents at the facility. St. Claire Regional Medical Center provides the emergency and forensic medical examinations.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #302 Subject (Individual Treatment Plan and Aftercare Plan); Chapter (Health and Safety Services) Policy #400.1 (Health Services); Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #402.1 Subject (Continuity of Care and Medical Discharge); Policy #404.3 Subject (Health Assessment and Physical Examination); Policy

#404.6 Subject (Emergency Medical Services); Policy #405 Subject (Mental Health Services Administration and Personnel); Policy #405.1 Subject (Mental Health Assessment/Evaluation); Policy #405.3 Subject (Referral for Mental Health Services); Policy #405.5 Subject (Mental Health Emergencies); Policy #416.1 Subject (Infectious Communicable Disease) and MYDC has Standing Operating Procedures (#73, #120 & #123), requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported St. Claire Regional Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

Standard 115.386 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review), requires a PREA Incident Debrief of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. MYDC Sexual Abuse Incident Review Team consists of the Juvenile Superintendent II, Juvenile Superintendent I, Youth Services Program Supervisor, KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager, medical and mental health staff and assigned supervisory staff. There has been one (1) investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months, which was unfounded. Staff interviews confirmed they would document their review on the PREA Incident Debrief form that captures all aspects of an incident.

Standard 115.387 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review), requires the collection of accurate, uniform data for every allegation of sexual assault. The Juvenile Superintendent I completes the collected data related to PREA forwards the report to the Juvenile Superintendent II for approval prior to forwarding to the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager. DJJ has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2011-2014 annual reports revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review), requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2011-2014 Annual Reports indicated compliance with the standard and included all of the required elements. The 2011-2014 Annual Reports are posted on the KYDJJ Website for public review. The Juvenile Superintendent I monitors collected data to determine and assess the need for any corrective actions. The 2011-2014 Annual Reports were readily available on the KYDJJ website.

Standard 115.389 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review); Chapter (Administration) Policy #132 Subject (Privacy of Health Information); Policy #149 Subject (Information Systems), requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dorothy Xanos — June 17, 2016

Auditor Signature — Date