

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: November 20, 2020

Auditor Information

Name: J. Aaron Keech

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Company Name: DX Consultants LLC

Mailing Address: 701 77th Avenue North, P.O.
Box 55372

City, State, Zip: St. Petersburg, FL 33732

Telephone: 301-876-3299

Date of Facility Visit: October 5-6, 2020

Agency Information

Name of Agency: Kentucky Department of Juvenile Justice

Governing Authority or Parent Agency (If Applicable): Justice and Public Safety Cabinet

Address: 1025 Capital Center Drive, 3rd Floor

City, State, Zip: Frankfort, Kentucky 40651

Mailing Address: 1025 Capital Center Drive, 3rd
Floor

City, State, Zip: Frankfort, Kentucky 40651

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://djj.ky.gov/Pages/PREA.aspx>

Agency Chief Executive Officer

Name: LaShana Harris

Email: Lashana.Harris@ky.gov

Telephone: 502-892-3639

Agency-Wide PREA Coordinator

Name: Sherlonda Gray

Email: Sherlonda.Gray@ky.gov

Telephone: 502-229-6583

PREA Coordinator Reports to:

Commissioner

**Number of Compliance Managers who report to the PREA
Coordinator:**

23

Facility Information

Name of Facility: Ashland Group Home

Physical Address: 1301 W. Little Garner Road

City, State, Zip: Ashland, Kentucky 41102

Mailing Address: 1301 W. Little Garner Road

City, State, Zip: Ashland, Kentucky 41102

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://djj.ky.gov>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Administrator/Superintendent/Director

Name: Bryan T. Sager

Email: Bryant.sager@ky.gov

Telephone: 606-928-3910

Facility PREA Compliance Manager

Name: Michael Mullins

Email: michaeld.mullins@ky.gov

Telephone: 606-928-3910

Facility Health Service Administrator N/A

Name: Deborah Curry

Email: deborahs.curry@ky.gov

Telephone: 270-384-7558

Facility Characteristics

Designated Facility Capacity:

8

Current Population of Facility:	5	
Average daily population for the past 12 months:	6	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	14-20 years of age	
Average length of stay or time under supervision	5 months	
Facility security levels/resident custody levels	Level 2	
Number of residents admitted to facility during the past 12 months	8	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	8	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i> :	8	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	12	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	3
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Internal Investigations Branch) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA certified audit of the Kentucky Department of Juvenile Justice, Ashland Group Home was conducted by single auditor, J. Aaron Keech, US DOJ Certified PREA Auditor contracted through DX Consultants LLC. The PREA audit of the Ashland Group Home, ("The Facility"), operating under the governing authority of the Kentucky Department of Juvenile Justice, ("The Agency") was scheduled for two days, Monday, October 5, 2020 and Tuesday, October 6, 2020. The Ashland Group Home underwent two certified PREA audits, the first PREA audit was conducted on February 19, 2016 and April 21, 2017. The two PREA audits were conducted by PREA auditor G. Peter Zeegers. In both final reports, the Ashland Group Home was certified as compliant with the PREA standards.

Pre-Audit Phase:

During the pre-audit phase, on September 3, 2020, an introductory kickoff meeting was held by Zoom video conferencing with the agency Commissioner, agency Compliance Officer, and the auditor. On September 17, 2020, the auditor conducted a telephone conference call with the facility Superintendent and facility PREA Coordinator. The purpose of both meetings were to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives, and setting timelines and milestones throughout the pre-audit phase.

On August 21, 2020, the facility received instructions both in English and Spanish to post the required PREA audit notice for confidential communications before August 24, 2020, six weeks prior to the on-site phase. On August 24, 2020, the auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. The notices were posted in color with decent sized text, both in English and Spanish versions. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy. Throughout all the audit phases, this auditor did not receive any written confidential correspondence from facility staff or residents of the posted notices.

On September 3, 2020, four weeks before the on-site visit, the Pre-Audit Questionnaire along with supportive documentation was received via thumb drive for the auditor to review. The auditor wishes to extend his appreciation to all agency staff including the Commissioner, agency PREA Compliance Officer, facility Superintendent, facility PREA Coordinator, facility Administrative staff and employees of the Kentucky Department of Juvenile Justice for their professionalism, hospitality, and kindness.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional supportive documentation. The information necessary for the audit was provided on a secure USB flash drive and this format enabled the auditor to easily review

relevant information. Each standard was set up to include a folder labeled by each standard which included the agency's policies and procedures outlining the agency or facility's supporting documentation, Additional folders included agency policies and procedures, agency mission statement, facility mission statement, and daily population reports for the past twelve (12) months. The results of the Pre-Audit Questionnaire and supporting documentation review were shared on the results of the Pre-Audit Questionnaire and supporting documentation review were shared on an issue log with agency and facility administrators.

The auditor requested minimal documentation relating to procedures and clarification with facility and agency operations and were exchanged throughout the pre-audit phase. The requested information was provided to the auditor in a timely and efficient manner. Phone conversations were conducted and emails exchanged with the agency PREA Compliance Officer, facility Superintendent and PREA Coordinator to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones.

On September 18, 2020, the auditor received the staff roster, staff schedule for random and specialized staff for the on-site audit days. The auditor was also provided a complete resident roster in sufficient time. The auditor contacted Just Detention International to inquire if that agency or facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the parent agency or facility. The group was contacted as well, resulting in no reports or complaints regarding the agency and facility. The auditor conducted internet research regarding the facility by searching the internet for any Department of Justice involvement, litigation and federal consent decrees, Bureau of Justice Statistics (BJS) data, local oversight bodies, and news articles resulting in no findings related to sexual abuse or sexual harassment. Again, during all audit phases, the auditor did not receive any written confidential correspondence from facility staff or residents as a result of the posted notices.

Outreach to Outside Advocates:

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are thirteen Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through the medical center. The SAFE/SANE examiner, a registered nurse from King's Daughter stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When King's Daughter Health System is notified of a sexual assault, they contact the local rape crisis center, Pathway's Inc. for a victim advocate to respond in person to the health system. According to the victim advocate at Pathway's Inc. victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to King's Daughter Health System, the local SAFE/SANE hospital for the facility.

Furthermore, another resource available to the agency/facility is the Kentucky State Police. The Kentucky State Police would respond to the facility to initiate the criminal investigations and then dispatch a victim advocate works with the Kentucky State Police by making initial arrangements with the appropriate interviewer such as a state trooper or detective. The victim witness advocate attends the interview and

follows up with the victim's guardian or family to articulate what was discussed in the interviews and update the family through the investigative process. Additional assistance is to provide any resources such as counseling and crime victim compensation.

If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the PREA Coordinator, this qualified staff member is available to respond and provide victim advocate services should the need arise. To date, the staff member has not been utilized as Pathway's and the Kentucky State Police can provide victim advocate services. A memorandum of clarification was written by the facility Superintendent advising that during the current review period there have been no circumstances that required requests for victim advocacy services. State Coalition Executive Director, Victim Advocates, Advocate Specialist, Intake Staff, Kentucky State Police Detective Supervisor, Rape Crisis Center Counselor, and SANE/SAFE Examiner.

On-Site Phase:

Day one of on-site audit phase began on the morning of Monday, October 5, 2020 at 8:00 a.m. with an entrance meeting with the auditor, facility Superintendent, and facility PREA Coordinator. With facility administrators present for the entrance meeting, it was evident the agency and facility take PREA implementation very serious, clearly a team approach which resulted in staff buy in to PREA standard compliance. After introductions, a discussion about the on-site audit process and an explanation of the audit's logistics. The facility tour began at approximately 8:30 a.m. and concluded at 10:00 am. The facility tour was conducted with the facility Superintendent, and facility PREA Coordinator, and the auditor. The entire facility was clean, neat, in good repair, and well maintained. During the facility tour, the youth grievance system was tested and later that day the PREA Coordinator informed the auditor of receipt and explained the grievance process step by step.

The auditor was provided unimpeded access to all parts of the two-story cape cod style house including on the lower level, staff office, dining room, kitchen, utility room, storage room, three bedrooms to house up to eight residents, along with two separate bathrooms with doors. Located on the upper level of the house was the administrative area consisting of the Superintendent's office, staff bathroom, administrative assistant's office, and the counselor/supervisor's office. The telephone and reporting system were observed and tested for verification purposes and proved successful and in compliance. The resident reporting line goes directly to the Internal Investigations Branch (IIB) of the Justice and Public Safety Cabinet.

Following the tour, the auditor began to interview all five residents, random staff, as well as specialized staff. The auditor conducted resident social and medical file review, staff personnel records on the agency database. The auditor along with the facility Superintendent reviewed the facility video monitoring system. The facility has two camera systems, the older version consists of fifteen cameras that record video for one week. The newer camera system has much improved camera imaging and coverage with a retention period

of thirty days. There are twenty-four cameras strategically placed throughout the facility to reduce blind spots. Day one concluded at approximately 6:30 p.m. after providing a brief overview of the day's progress with the facility Superintendent and PREA Coordinator.

On Tuesday, October 6, 2020, day two began at 5:30 a.m. with interviewing overnight random staff followed by interviews with specialized staff. After staff interviews were completed, at approximately 9:00 a.m., an exit conference was held with the agency's Commissioner and PREA Compliance Officer, Facility Regional Administrator, facility Superintendent, and PREA Coordinator.

The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the pre-audit and on-site audit phases. After all on-site duties and responsibilities were reviewed and completed, day three ended at approximately 10:30 a.m.

Based on the findings during the pre-audit and on-site phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in an interim or final report.

Tour:

After the entrance meeting, the facility tour began with the auditor, facility Superintendent, and facility PREA Coordinator. The auditor was provided unimpeded access to all parts of the facility. The following observations were noted during the tour:

- As required by the auditor, on-site audit notices of the PREA audit were posted throughout the facility in areas accessible to the public such as the main entrance, resident recreation room, and staff rest rooms.
- There were several areas where youth had no access to which were the administrative suite, kitchen food preparation and dry storage rooms.
- The facility has three (3) resident bedrooms and zero (0) isolation rooms and open bay/dorm housing units.
- Throughout the facility, literature and posters showed how residents can make reports of sexual abuse, and ways to report sexual abuse.
- The resident's paper files were kept in a secure area and electronic data was password protected to ensure information was secure.
- PREA information is posted and available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into residents' rooms, or the toilet and showers.
- Cameras were placed strategically throughout the facility in areas to reduce blind spots.
- Bed assignment sheets are securely kept and located in the staff office. The bed sheets indicate resident bed location based on their vulnerability and aggressiveness assessments.
- Unannounced rounds were being conducted in the resident living areas by designated intermediate level staff, namely the facility Superintendent and PREA Coordinator.

- Opposite gender staff do not conduct showers or bathroom breaks and staff posts themselves in a visible area or off the living unit to ensure youth do not leave the area without approval.
- When residents take showers, they are clothed when going to and from the shower area. There are two separate bathrooms, however only one is designated use by residents. The showers have a PREA compliant curtain and privacy is provided to residents.
- Reporting notices are in areas identifying the hotline name, number, and the purpose to report sexual abuse and offer outside counseling services.
- When the auditor paused to speak to a resident or staff, it was requested that the staff on the tour please step away so the conversation may remain private.
- The cleanness of the facility was excellent. During the tour, the residents were well behaved, and while randomly speaking with residents, they indicated they are very knowledgeable and aware of PREA. It was very evident the facility emphasizes order, structure, staff, and resident safety.
- The auditor had the opportunity to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

Tour Recommendations:

Staff restroom- The staff restroom located on the second floor was in need of a restricted area sign only accessible to staff and restricted to all residents. To reduce facility liability, the recommendation was to place a restricted area sign on the door to give clear visual for authorized personnel only-no youth are allowed. The restricted area sign was immediately posted on the door, the area was revisited by the auditor, and matter was resolved.

Garage- The garage is used for many purposes including a storage area for a four-wheeler, tool and maintenance shop, outdoor power equipment, and woodshop. The garage is secured with a lock and key and only staff have access. Based on staff and resident interviews, the garage area is only accessible at designated times, under staff supervision, and residents are restricted from entering the tool caged area. The tool maintenance shop is located within a locked caged fence area. On the caged fencing near the entrance door, there was a restricted area sign indicating only staff have accessibility to the area. There were two video monitoring cameras located in the garage, one near the entrance door and along the rear wall located in the tool maintenance shop area. This camera's line of sight is directed toward the storage area, however, there is a blind spot limiting viewing coverage of the entire tool maintenance shop. When resources are available, the auditor suggested an additional camera be mounted inside the tool area to allow full viewing access.

Dirty and blurry camera lenses- After conducting a video camera review, there were two cameras that had poor visibility due to the lens being dirty and blurry. The cameras identified were located in the counselor's office and a hallway camera. While the auditor was on-site, the camera lens was cleaned, and the matter was resolved.

Random Staff Interviews:

The auditor interviewed all ten (10) Youth Service Workers who provide direct supervision. The Superintendent provided the auditor with a staff roster prior to the on-site audit dates. Staff interviews revealed they have worked all shifts throughout their employment at the group home. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private room was the facility Superintendent's office located on the second floor.

All random staff interviewed revealed they have been trained on a yearly basis, educated on PREA and were very knowledgeable of the agency's zero tolerance policy requiring staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any retaliation against residents and staff, and any neglect or violation of responsibilities that may contribute to an incident.

Knowledgeable strengths from random staff were in the following areas:

- Prohibitions from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status (115.315),
- Policy and procedures on cross gender pat down searches and searches of transgender and intersex residents, and provide an example of an exigent circumstances that would warrant a cross gender search (115.315),
- Agency's use of resident interpreters when making an allegation (115.316),
- Agency's protocol for obtaining physical evidence if resident alleges abuse (115.321),
- All staff interviewed understood training topics such as the dynamics of sexual abuse and sexual harassment in confinement and communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents (115.331),
- How can staff privately report sexual abuse of residents and how residents can privately report (115.351),
- Staff reporting requirements and the agency/facility's procedure for reporting (115.361),
- Knowing or learning a resident is at imminent risk and how quickly they take action (115.362),
- First responder duties when alerted that a resident allegedly been the victim of sexual abuse (115.364.)

Administration/Agency Leadership and Specialized Staff Interviews:

During the audit phases, specialized staff at the agency level were interviewed on-site and by telephone to include the following: Agency designee- Commissioner, agency PREA Compliance Officer, facility Superintendent, facility PREA Coordinator (Youth Program Manager), Contract Administrator-agency PREA Compliance Officer, Human Resource Manager (agency and facility level), Investigative Staff (agency level), Nurse, Medical Director, Mental Health Counselor, Mental Health Psychologist, Intermediate or higher-level staff, Volunteers, Staff who Perform Screening for Risk of Victimization and Abusiveness, Staff on the Sexual Review Incident Review Team, Designated Staff Member Charged with Monitoring Retaliation, First Responder Security Staff, State Coalition Executive Director, Victim Advocates, Advocate Specialist, Intake Staff, Kentucky State Police Detective Supervisor, Rape Crisis Center Counselor, and SANE/SAFE Examiner.

The number of targeted or specialized staff interviewed were forty-three (43) and ten (10) Random Staff. The total number of staff interviewed were fifty-three (53).

Staff Interviews and Interactions	Number (#)
Agency Designee- Commissioner	1
Agency PREA Compliance Officer	1
Facility Superintendent	1
Facility PREA Coordinator, Youth Services Program Supervisor	1
Contract Administrator- Agency PREA Compliance Officer	1
Investigative Staff (Agency)	2
Medical Staff-Nurse	1
Contractors- Medical Dr.	1
Mental Health Counselor	2
Mental Health Psychologist	1
Human Resources Staff (Agency, Facility level)	2
Intermediate or Higher-Level Facility Staff	2
Volunteers	2
Staff who Preform Screening for Risk of Victimization and Abusiveness- Superintendent	1
Staff on the Sexual Review Incident Review Team	3
Designated Staff Member Charged with Monitoring Retaliation- Youth Services Program Supervisor	1
Staff supervise residents in isolation	NA
First Responder (Non-Security)	NA
First Responder (Security)	10
Non-medical staff involved in cross gender strip searches	NA
Intake Staff	2
State Coalition Executive Director	1
Victim Advocate and Advocate Specialist	3
Kentucky State Police Detective Supervisor, Victim Advocate	2
Rape Crisis Center Counselor	1
SANE/SAFE Examiner	1
Number of Random Staff (All Shifts) Interviews	10
Number of Targeted Staff Interviews	43
Total Number of Staff Interviews	53

Overall, specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report. Of note, some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff members were interviewed more than once if their duties covered more than on specialized area. All random staff were interviewed as first responder security staff. Random staff interviews revealed that staff are very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

Residents Interviewed:

The number of residents housed on the day of the on-site visit were five (5). The auditor selected a sample of residents geographically diverse by admission date, race, and date of birth, disabilities, and overall vulnerability and aggressiveness. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with residents. The private room was the facility Superintendent’s office. The location allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process. For those specialized resident categories that were present at the time of the on-site audit, additional random resident interviews were added to the total number of interviews.

In cases where the auditor was unable to meet the required number of interviews in a particular targeted population, the auditor relied on interviewing all residents and specifically asking the residents while placed within this facility and to their knowledge, there have been any residents who have been blind, deaf, or heard of hearing; limited English proficient, residents aware of any resident who identify as transgender or intersex. When interviewing administrative and specialized staff, the auditor asked similar questions in order to gain additional information to meet the targeted number of residents.

The number of residents housed during the two-day on-site visit was five (5). The breakdown of specialized resident interviews was as follows: one (1) resident with a Physical Disability, two (2) Residents who Reported Sexual Abuse or Sexual Harassment, and two (2) random resident interviews. The total number of residents interviewed while were five (5).

Resident Interviews and Interactions	Number (#)
Residents with Physical Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	0
Residents with a Cognitive Disability	0
Residents who Identify as Lesbian, Gay, or Bisexual	0
Residents who Identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse or Sexual Harassment	0
Residents who Reported Sexual Victimization During Risk Screening	2
Number of Random Resident Interviews	2
Number of Targeted Resident Interviews	3
Total Number of Resident Interviews	5

Interviews with residents confirmed they are informed and educated on the following topics:

- Agency’s Zero Tolerance Policy,
- Knowing their rights to be free from sexual abuse and sexual harassment, and how to report sexual abuse or sexual harassment,
- Notified of the rules against sexual abuse and the right to be free from retaliation for reporting. Residents are never naked in full view of any male or female staff or resident,
- When staff conduct searches, they first complete a wand search followed by a pat down search. Searches are conducted by same gender staff. All residents interviewed stated the facility does not

conduct visual body searches. Pat down searches are conducted in a professional and respectful manner.

- All five (5) residents interviewed reported they feel safe and more importantly feel sexual safe within the facility.
- Residents are allowed privacy when speaking with their attorneys. Prior to the COVID-19 pandemic, residents were allowed in-person visitation with family members. Since March, residents were able to meet with family members virtually.
- All residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. All residents knew what kinds of services were available for dealing with sexual abuse, residents remember receiving mailing addresses, and understood the information remains private and what is told to or listened to by someone else.
- When residents were asked, “does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions,” all residents reported all staff both of the same and opposite gender announce their presence when entering the bedroom areas. The residents knew the reason why staff of the opposite gender announce their presence, which is the cover up rule.
- With regards to youth screening questions (115.341 and 342), all residents were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. The auditor asked if staff ever asked the screening questions more than one time, all residents indicated they have been asked the question on multiple occasions throughout their length of stay at Ashland Group Home.

Documentation requested by the facility and received prior to on-site:

- Complete Resident Roster
- Specialized Residents-Physical and cognitive disabilities, limited English proficient residents, residents who identify as lesbian, gay, bi-sexual, transgender, and intersex, residents who have been in isolation
- residents who Reported Sexual Abuse, residents who reported sexual victimization during risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Zero grievances made in the 12 months preceding the audit
- Medical services: On-site medical area as well as off grounds medical care

ALLEGATION TYPE	NUMBER	FINDING
<i>Sexual Abuse</i>	0	Not applicable
<i>Youth on Youth Sexual Abusive Contact</i>	0	Not applicable
	0	Not applicable

Staff Sexual Misconduct	0	
Staff Sexual Harassment		
Youth on Youth Sexual Harassment		
Youth on Youth Non-consensual Sex Acts		
TOTAL	0	

During the past twelve (12) months, the total number of sexual abuse and sexual harassment allegations were zero (0). Over the past three (3) years, the facility total number of allegations were zero (0).

On-site Documentation Review:

- Five (5) resident social, medical and mental health files, paper and/or electronic files. Files were accurate, organized, complete, and secured within the facility administrators office.
- Twelve (12) human resource files of current staff, volunteers, and contractors
- Zero (0) Investigation files indicating findings and outcomes, and if referred for criminal investigations
- Unannounced facility visits for seven-month period
- Bed assignment/change forms
- Victimization and Sexual/Physical Aggression Screener for five residents

Post-Onsite Audit Phase

To determine standard compliance, the auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard and provision. After the onsite phase of the audit, the auditor, agency PREA Compliance Officer, facility Superintendent, and facility PREA Coordinator agreed to communicate by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. It was very evident the Kentucky Department of Juvenile Justice and Ashland Group Home staff have worked very diligently over the past several years to implement the PREA standards into daily operation. Agency and facility administration and this auditor were in constant contact throughout all audit phases. Again, the auditor would like to thank all staff and employees of the Kentucky Department of Juvenile Justice for their professionalism, hospitality, and kindness. The auditor was very impressed with the agency and facility’s dedication and long-standing implementation of the PREA standards. The culture within Ashland Group Home resulted in both staff and resident’s emphasis their belief of a sexually safe environment.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Agency Mission Statement

“The Kentucky Department of Juvenile Justice provides a range of services to sentenced, committed, probated, and detained youth and their families, creating opportunities for those youth to develop into productive, responsible citizens while enhancing public safety.”

Agency Vision Statement

“The Kentucky Department of Juvenile Justice aspires to be a premier team of professionals committed to providing life-changing services, resulting in the positive transformation of children, families and communities.”

The Kentucky Department of Juvenile Justice is one of five departments under the Kentucky Justice and Public Safety Cabinet. The department is responsible for prevention programs for at-risk youth, court intake, pre-trial detention, residential placement/treatment services, probation, community aftercare/reintegration programs and youth awaiting adult placement or court.

Agency Summary

The Kentucky Department of Juvenile Justice was established in 1996 with the passage of HB 117 by Kentucky's General Assembly. Kentucky Department of Juvenile Justice strives to promote a comprehensive array of cost-effective services for at-risk youth directed toward preventing delinquency, providing efficient rehabilitation services, and altering the rate of recidivism with appropriate aftercare, while minimizing risk to the community. In providing services, the Department supports and believes in the complete involvement of both the family and the community in the rehabilitation process. Kentucky has been nationally recognized for the continuum of care it provides for rehabilitating delinquent youth. While many state's out-of-home placement options are limited to two or three large institutions, Kentucky is able to serve youth in a variety of small programs designed to meet specific treatment needs.

Ashland Group Home Mission

“Our mission at Ashland Group Home is to create a supportive, solution focused environment where youth will be able to demonstrate socially acceptable attitudes and behaviors that promote positive, lasting change in their lives, families and community.”

Ashland Group Home is a level 2 staff secure Department of Juvenile Justice facility which is designed to resemble, as closely as possible, a home-styled setting. Ashland GH began in 1977 on the grounds of a former Ashland Tuberculosis Hospital located at 3700 13th Street. On March 8th, 2004 it moved to its current location in scenic Boyd County. Ashland GH been accredited by the American Corrections Association (ACA) since 1988. The group home provides 24-hour supervision of eight (8) young men who are between fourteen and eighteen (14-18) years of age. These youth have been adjudicated by the court system of the Commonwealth of Kentucky. Ashland GH accepts youth placements directed from DJJ Classification for front-end youth (directly from detention) or those who step down from higher security level facilities.

While at the group home, each youth is presented with an individual treatment program specifically designed for their individual needs. Through program components, skill building and practice, the youth address their treatment goals and identified areas that will prepare them for transition to their community.

Independent Living Skill development is a major emphasis for all youth at Ashland Group Home and is incorporated into the daily routine. Completion of the program ranges on average from 3 to 6 months. Ashland is one of Ten (10) group homes located in the State. Group home services offer non-secure residential programs in the least restrictive environment-emphasizing family– style living in a home-like atmosphere. Other types of DJJ facilities include Youth Development Centers which provide more secure environments for more serious offenders.

Staff and Staff Roles

Each staff carries out a role that is specifically designed to aid in the youth’s development. Coverage involves supervision at school, during meals, work, recreation and during sleep hours. The Superintendent oversees the overall operation of the facility. The Youth Service Program Supervisor (YSPS) supervises the youth workers and oversees the operations of the facility. A Social Service Worker/Clinician (counselor) oversees the treatment portion of the program which includes individual, group, family and substance abuse counseling. An Administrative Specialist II is assigned to fiscal duties as well as ACA accreditation manager and payroll/timekeeping. Ten (10) youth workers function as surrogate parents to the youth, teaching basic competencies, assisting and supervising the residents during their daily routine. All of the staff compose the Treatment Team. Treatment Team is responsible for managing the individualized program that each youth receives. All of the staff provide a wide range of care and services aimed at returning the youth to the community.

Program Purpose

The program purpose is to help our youth recognize and then change those attitudes and/or behaviors which have contributed to their placement in our program. We are charged with the responsibility of providing them with a program of treatment which will facilitate this goal. Through this program of treatment, we hope to help them return to normal community living as rapidly as possible.

Ashland attempts to provide this program of treatment in a living environment that is as natural, normal and as family styled as possible. We hope this environment will encourage the building of close “family” relationships characterized by concern, respect, fun, trust, understanding, honesty, sympathy, and affection. We hope to provide and design these treatment efforts in a manner which is conducive and complementary to their successful transition back to their home communities upon completion of our program. Through our joint efforts we can reach these goals and achieve our purpose—their successful return home.

When the youth have successfully completed these goals, they are ready to return to their communities. Much of the program is directed toward looking ahead at the problems and potential high-risk situations they will encounter. The youth are encouraged to speak up during their stay here, so that they are each properly prepared for their own environment. Our job is to help them learn and practice socially acceptable behavior.

Program Components

The treatment program here at Ashland is comprised of many components. They are coordinated and directed towards enhancing a resident’s sense of self-worth, together with offering a pro-social way of coping and meeting their goals.

Education

Educational services are provided off campus at the Ashland Day Treatment Center. Youth have the opportunity to earn credits toward their high school diploma, work on credit recovery and work toward their GED if they meet the qualifications. Special education services are provided to youth as needed. Raceland-Worthington School District handles the education programming. Youth may be eligible to attend on-line college classes through the local KCTCS campus, if they meet the necessary guidelines.

Counseling

Our program utilizes many forms of counseling. Each youth is assigned a counselor with whom a trusting relationship is established in order to provide a non-threatening atmosphere in which to discuss various subjects. Group, individual and family counseling is provided to address treatment goals and promote pro-social and behavior changes in the youth. Each youth may also participate in a substance abuse counseling program. Counseling services are provided on campus.

Medical

Medical services are provided to all youth. All staff are trained in Health Services Protocol, Standard First Aid and CPR. Our contract facility nurse visits the group home once a week to provide routine medical services and address medical concerns. The nurse is also available to provide guidance as needed. Several community medical providers provide medical, dental and mental health services.

Independent Living

Independent living skill development is highly emphasized at Ashland GH. Youth learn, practice and participate in cooking, laundry, and chore responsibilities that help encourage teamwork and a positive work ethic. Staff teach and supervise these responsibilities, conduct instructional classes and give assignments covering independent living topics such as: money management, community resources, health and safety, educational goals, employment and workplace readiness. Youth also complete Chafee Independent Living Packets. Staff arrange college visits, field trips and outings to give youth hands on opportunities to learn. Youth also have the opportunity to gain employment off campus, if they meet guidelines for employment. Educational goals are addressed, with youth completing college entrance forms and financial aid packets. Youth may be eligible to attend on-line college classes if they meet the necessary guidelines.

Recreation

Our recreation program is designed to enhance physical fitness, promote sportsmanship, fair play, and to enhance the youth's self-concept of constructive ways to utilize his leisure time. Activities consist of exercises, field trips, camping, hiking, swimming, arts & crafts, movies, bowling, and competitive sports (such as basketball, football, softball and volleyball). In-house recreation includes foosball, pool, ping pong, video games, television, etc. Recreation services are provided on campus and in the local community.

Community

Local individuals, groups, organizations, and governments have an important influence on the development of the youth. Not only do they provide access to resources, and support the group home's functioning in the area, but they help the youth reunite in a positive manner with his family, school and community. By putting into practice newly acquired behavior and skills in a least restrictive environment, the youth learn how they can benefit from the community as well as contribute to it. They also learn the proper roles and relationships they must maintain to be productive citizens in our society.

Religion

The voluntary religious program features services and activities which seek to encourage individual spiritual development. Special emphasis is given in an education manner to allow the development of values which eventually influence one's level of functioning in society. Volunteers offer church services and singing. The boys are visited by local ministers and have opportunities to visit local churches. Religious preferences are accommodated.

Work Projects

The physical work aspect of the program is designed to teach positive work habits and self-sufficiency. On-campus chores include a variety of responsibilities such as cooking, cleaning, laundry, painting, etc. The youth are also contracted for off-campus work that includes grass cutting, leaf raking and other types of work for individuals and businesses. This establishes strong community relations and also provides our program with money for youth activities. Some youth are allowed to obtain a job in the community depending on their attitudes, behaviors, and needs.

Individual Treatment Plan

Each youth is seen as an individual. It is with this in mind that the youth receives an Individual Treatment Plan upon entrance to our program. Input gained from the community worker, family members and youth, is utilized by the treatment team to address the primary problems that led to the youth's placement. Strengths are identified and goals are formulated that will allow for his return to home upon their achievement. The treatment team assesses the progress of each youth weekly.

There are three levels that denote his development. The levels in order of their progression include: Awareness, Development, and Demonstration. As goals are met, the youth advance in our program. Privileges are increased in proportion to the amount of positive behavior exhibited. A youth on low phase is limited in the type of recreation available, the amount of time allowed for phone conversations, etc. Once a youth moves to an upper phase, he may go off campus with permission, listen to radio, stay up later and may go home on a furlough.

Upon completion of his goals, the youth is ready for release. Placement is usually made at home or with relatives. When this is not possible, a suitable alternative is found such as foster care. Contact with parents and community worker is maintained during the entire treatment process. Periodic reports are also prepared for everyone concerned with the youth's treatment and they are reviewed with the youth. The treatment program is very open, and nothing is concealed from the youth. He is part of all decisions concerning him. At the same time, limits are set and maintained in an atmosphere of caring, sharing and guidance.

Facility Demographics:

- Designed facility rated capacity: 8
- Average daily population for the past twelve (12) months: 7
- Average length of stay: 5 months
- Facility has been over population at any point over past twelve (12) months: No
- Facility security levels/resident custody levels: level 2
- Current population on the on-site audit date: 5
- Resident age range: 14-20

- Number of residents admitted to the facility over the past twelve (12) months: 8
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 72 hours or more: 8
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 10 days or more: 8
- Facility does not hold residents for a state correctional agency, US Marshals Service, Bureau of Prison, US Immigration and Customs Enforcement
- Population demographic: all male residents
- Number of staff currently employed at the facility who have contact with residents: 12
- Number of staff hired in the past twelve (12) months: 1
- Number of volunteers who have contact with residents: 2
- Number of contractors who have contact with residents: 3
- Number of contracts in the past twelve (12) months who may have contact with residents: 9
- Number of buildings: 2
- Number of resident housing units: 0
- Number of single resident cells, rooms, or other enclosures: 3
- Number of open bay/dorm housing units: 0
- Number of segregated or isolation rooms: 0
- The facility upgraded video monitoring systems, electronic surveillance system, or other monitoring technology: Yes
- Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months: No
- Medical and mental health services are provided on-site: Yes
- SAFE medical exams are provided at the local rape crisis center
- Criminal Investigations are conducted by: An external investigative entity, Kentucky State Police
- Administrative Investigations are conducted by: Conducted by the Internal Investigation Branch of the Justice and Public Safety Cabinet

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.331, 115.333, 115.341, 115.342, 115.351, 115.353

Standards Met

Number of Standards Met: 37

List of Standards Met: 115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.332, 115.334, 115.335, 115.352, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 155.388, 115.389, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Supporting Documents Reviewed, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, Definitions, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct, revised August 6, 2018
- Kentucky Department of Juvenile Justice Agency Organizational Chart dated July 16, 2018
- Ashland Group Home Organizational Chart dated July 1, 2020
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee – Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), page 1, section 2, V-Y and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, Definitions, page 2, section 2, V-Y mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, page 1, section I, IV. A. 1-4. B and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct, outline the agency and facility’s approach to prevent, detect, and respond to sexual abuse and sexual harassment. The Department cooperates fully with Federal, State, and other local officials in fulfilling the requirements of PREA.

The policy, page 2, section C, 1-4, states the Commissioner shall be the Appointing Authority for the Department. As the Appointing Authority, the Commissioner may delegate authority to any staff person to execute the business of the Department. 1. DJJ shall appoint an Agency PREA Compliance Officer to oversee

and manage departmental compliance with the PREA standards, develop established Department policy, and facilitate PREA training. 2. The Commissioner, Deputy Commissioners, and the Agency PREA Compliance Officer shall work collaboratively to make sure that the lines of communication are open and clear, regarding PREA related matters throughout DJJ and facilitate a communication system of response when a PREA violation has occurred. 3. DJJ staff shall cooperate with the Internal Investigations Branch (IIB) and the Agency PREA Compliance Officer when a PREA violation has been alleged or has occurred within the Department to maintain the fidelity of the investigation process and to provide services to the juveniles. 4. Each DJJ Superintendent shall designate a Facility PREA Coordinator to train facility staff, interns, volunteers, and contractors and manage facility compliance with the PREA standards. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, page 2, section C. requires the facility Superintendent shall designate a Facility PREA Coordinator to train facility staff and manage facility compliance with the PREA standards.

The agency provided the Kentucky Department of Juvenile Justice Agency Organizational Chart dated July 16, 2018, which indicates the Agency PREA Compliance Officer position is part of the agency leadership team. The Agency PREA Compliance Officer has access to the agency's most senior leader, agency Commissioner. According to the agency organizational chart, the PREA Compliance Officer oversees PREA standard implementation to twenty-three (23) facility PREA Coordinators. Every residential, detention center, community offices and every facility throughout the agency has PREA Compliance Managers, however their titles are PREA Coordinators.

The Ashland Group Home Organizational Chart dated July 1, 2020 indicates in writing the Youth Services Program Supervisor is designated as the facility's PREA Coordinator. This position reports directly to the facility Superintendent. Based on the agency's PREA policy and facility standard operating procedure and supporting documentation, the agency has a comprehensive approach to prevention, detection, responding and reporting and the procedures that have been implemented exceed the standard. Furthermore, the supporting documentation clearly indicates the agency and facility take PREA implementation seriously and shows implementation performance on a daily basis.

Interview Results:

- The Agency Commissioner confirmed the appointment, qualifications, and continued efforts of the PREA Compliance Officer.
- Interview with the Agency Commissioner and PREA Compliance Officer, were extremely knowledgeable and very educated on the PREA Standards. The PREA Compliance Officer is committed to implementing PREA in the Commonwealth of Kentucky. She has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. The PREA Compliance Officer is directly responsible for overseeing twenty-three (23) facility PREA Coordinator and assists and provides advice to private providers who serve Kentucky youth. The PREA Compliance Officer facilitates meetings with the facility PREA Coordinators to discuss any needs, problems, ideas, or suggestions for improvement. She further indicated there are annual PREA training, conducts conference calls on a quarterly basis, and when necessary weekly telephone calls to check in with PREA Coordinators. There is an internal monitoring system and conduct an annual PREA audit.

- Interview with the facility Superintendent confirmed the Youth Services Program Supervisor is designated as the facility’s PREA Coordinator. This position is highlighted and designated on the facility organizational chart.
- The facility PREA Coordinator oversees the facility’s efforts to comply with the PREA standards further and has indicated she has enough time to manage all of the PREA related responsibilities. When he identifies any compliance issues, he informs and processes any issues with the facility Superintendent. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, Definitions, revised August 6, 2018
- Standard cover sheet
- Memorandum from the Agency PREA Compliance Officer dated August 19, 2020
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Agreement Terms and Conditions for nine (9) Private Child Care Placements

Interviews:

- Agency Head Designee – Commissioner
- PREA Compliance Officer- Contract Administrator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, page 1, section 1, policy section, requires private child care facilities and detention centers that have contracts with the Department of Juvenile Justice (DJJ), to care for juveniles, shall institute zero tolerance policies and protocols to prohibit the sexual abuse, sexual harassment, sexual contact, or any sexual offenses directed toward a juvenile who is placed in the custody, care, or supervision of that private child care facility or detention center by DJJ.

Section 4, Procedures, requires A. All contracts with a private child care facility and detention center shall have language that requires the contract provider and all staff that are employed by that entity to comply with the Prison Rape Elimination Act of 2003 (PREA) standards detailed within their respective contracts. B. DJJ shall only contract with private child-care facilities and detention centers that have PREA policies and protocols in effect to protect youth that are placed in their custody, care, or supervision by DJJ. C. All contracted private child-care facilities, child placing agencies, and detention centers shall provide DJJ with a copy of their PREA policies and procedures. D. Detention centers that contract with DJJ shall be monitored for PREA compliance by the Department.

Section 6, Monitoring Mechanism states the Agency PREA Compliance Officer or designee shall conduct an annual audit to verify that staff in contracted private child care facilities, child placing agencies, and detention centers, are being trained regarding the PREA standards detailed within their contracts and that these entities have incorporated PREA practices into business operations.

The Kentucky Department of Juvenile Justice contracts for the confinement of residents and since the last PREA audit in 2017 was nine (9). KDJJ contracts for the confinement of residents as follows: All God's Children's Inc., Father Maloney's Boys Haven, Inc., Foothills Academy Inc., Gateway Juvenile Diversion

Project Inc., Kinder Haven Inc., Methodist Home of Kentucky Inc., NECCO Inc., Ramey Estep Homes, Inc., Specialized Alternatives for Families and Youth of Kentucky, Inc.

The nine (9) memorandum of agreement Terms and Conditions for nine private child-care placements contained the requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. All agency memorandum language outlined states: "Private providers must comply 32. Comply with the Prison Rape Elimination Act (PREA), 34 U.S.C. §30301, et seq., and with all applicable PREA National Standards (28 C.F.R. Part 115), which can also be found at <http://www.prearesourcecenter.org>. 32.1. Contractor shall also comply with all DJJ policies related to PREA, which can be found at <http://djj.ky.gov/Pages/Policy-Manual.aspx>. 32.2. Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations and Commonwealth PREA policies which in any manner affect performance under this Agreement. 32.3. Contractor agrees to self-monitor its activities and facilities for compliance with the PREA standards and Commonwealth policies. 32.4. Contractor acknowledges that in addition to the self-monitoring requirement, the Commonwealth will conduct announced or unannounced compliance monitoring that may include on-site monitoring visits. 32.5. If Contractor provides residential services for youth, and fifty (50) percent of the Contractor's population is youth committed to the Commonwealth, then the Contractor will also be subject to a Department of Justice (DOJ) PREA audit per the DOJ audit cycle. 32.5.1. All costs associated with the PREA audit shall be borne by the Contractor. 32.5.2. The Commonwealth will conduct a mock-audit prior to the DOJ PREA audit. 33. If the Contractor's facility is a treatment center governed by federal confidentiality laws and regulations that prohibit the release of residents' identifying information, upon intake of a resident, request that the resident sign a written consent form that authorizes facility personnel to release the resident's identifying information in response to a request from the IIB, or a Commonwealth employee, conducting an administrative PREA investigation at the facility regarding an allegation of sexual abuse or harassment."

A memorandum from the Agency PREA Compliance Officer dated August 19, 2020 indicated that none of the Department's contractual PCC's will not have a population nor placement over 50% of DJJ residents. Due to this procedure, there is no need for PREA monitoring form the agency.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- On or after August 20, 2012 or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies: 9.
- The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

Interview Results:

- The Agency level designee- Commissioner and PREA Compliance Officer confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contacts. The PREA Compliance Officer or designee continually monitors confinement facilities for PREA compliance on an annual basis. The Contract Administrator- Compliance Officer explained that contracts with private providers or entities are renewed on a

twelve-month basis and contracts with confinement facilities. All nine private provider memorandums were updated in 2020. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, Program Services, Staff Requirements for the Supervision of Youth, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, Definitions, revised July 15, 2016
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 319.1 Facility Capacities, revised November 15, 2016

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 910, Facility Security Management, revised August 27, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1, Program Services, Facility Capacities, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, dated March 9, 2018
- Ashland Group Home Staffing Plan Development Process Form dated March 26, 2020
- Ashland Group Home Staffing Plan Development Process Form-Template
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Ashland Group Home Staffing Plan dated 2019-2020
- 2018, 2019, 2020 Ashland GH Staff Meeting Minutes notes PREA items including review of the facility staffing plan
- Ashland Group Home Staff Schedule May 2020
- Standard cover sheet
- Ashland Group Home Daily Schedule for 2019- 2020
- Ashland Group Home Shift Reports dated May 2019 and 2020
- Unannounced Facility Visit (Rounds) sheets dated January- October 2020

According to the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, Program Services, Staff Requirements for the Supervision of Youth, page 1, section 1,2, and 4 requires staffing for the supervision of youth shall be sufficient on each shift to ensure the safety of youth and staff, to maintain the security of the facility, and to facilitate youth access to staff, programs, and services. The policy is applicable to DJJ group homes including Ashland Group Home.

The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, Definitions, requires staffing for the supervision of youth shall be sufficient on each shift to ensure the safety of youth and staff, to maintain the security of the facility and to facilitate youth access to staff, programs and services. Ashland Group Home has a maximum bed capacity of eight (8) residents. Ashland Group Home shall follow guidelines set forth by DJJ 319.

Section 1, procedures states A. Staff shall be responsible for providing adequate supervision of youth. B. Ashland GH shall have a minimum of two staff members, not including clerical staff, on duty for every 8 youth, except when youth are at school. C. To the extent possible, a staff person shall be on duty in the facility when there are no youth on the property. D. Ashland GH shall have a minimum of one male staff member on duty at all times. E. Each staff supervising youth shall be trained in the facility emergency preparedness plans and certified in emergency first aid procedures, including CPR and DJJ approved physical management techniques. F. In order to determine the staffing and scheduling needs of the facility, the following shall be taken into consideration: Holidays; Regular time off, Annual training requirements; Annual leave; and, Average sick leave.

The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 319.1 Facility Capacities, page 1, sections 1,2, policy states the number of youth placed at Ashland Group Home shall not exceed the facility's recommended maximum Bed capacity. Ashland GH shall follow

guidelines set forth by DJJ 319.1. Section 2.A. requires DJJ shall establish and maintain recommended maximum bed capacities for each facility. B. The Deputy Commissioner of Operations may waive the maximum capacity of a facility, in response to an emergency situation for up to 5 days. If the capacity is waived, the Deputy Commissioner shall document the emergency situation and reason for the increased capacity to the Commissioner. C. If circumstances exist which require the waiver of maximum capacity beyond 5 days, the Commissioner may waive capacity maximum for a period not to exceed 90 days. D. A facility shall not exceed the maximum capacity established by the State Fire Marshall. Ashland Group Home maximum capacity has been set at 8 residents by the KY State Fire Marshall.

The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 910, Facility Security Management, Ashland Group Home shall implement quality controls for staff and youth in the facility to control movement, maintain adequate staffing patterns, and promote accountability. Ashland GH shall follow guidelines of DJJ 910. Section 2, A. Staff shall maintain accountability for youth movement within Ashland GH. B. Staff shall conduct head counts of the population and implement procedures to regulate and control youth movement within the facility and during authorized movement outside the facility. C. The Superintendent shall establish the minimum number of staff that shall be on duty. Each facility shall meet the minimum staffing requirements for each shift. D. Areas occupied by youth shall be supervised by AGH staff.

Section E. AGH staff shall be assigned to shifts to maintain appropriate staff to youth ratios at all times. Each shift shall have a designated supervisor that is responsible for determining the presence of sufficient staff and staffing patterns and take the necessary action to correct deficiencies. F. AGH shall maintain an eight to one (8:1) juvenile to staff ratio during waking hours and sleeping hours. G. If an insufficient number of facility staff report for duty to meet the minimum requirements, the facility Superintendent or designee shall initiate measures to call in or maintain sufficient staff to meet the minimum coverage requirements. Overtime shall be avoided, but the provision of sufficient security staff shall take priority. H. Staff shall remain at their respective posts until relieved or otherwise authorized to leave the post. I. The facility Superintendent or management designee shall visit the facility at least once per week outside of normal business hours. The visits shall be planned and coordinated to observe facility operations. Observation of the entire facility shall not have to be completed, but each area below shall be reviewed: 1. Sleeping areas; 2. Counseling sessions or group counseling sessions; and 3. Recreation areas. J. AGH shall use a video monitoring system to assist in ensuring the safety, security, and general well-being of youth and staff. K. Video monitoring shall not substitute for appropriate supervision of youth. L. AGH shall maintain video systems that are functional and maintained in proper working order. M. The Superintendent or the facility maintenance staff shall check the functionality of the camera systems weekly. Any issues or problems shall be reported immediately to the Regional Director, the Deputy Commissioner, the Director of Administrative Services or designee, and the Information System Branch Manager. N. AGH shall post the name of the facility staff that is on duty in a conspicuous location, so that residents are aware of staff that are not the same gender working in a housing unit. Staff of the opposite gender shall announce their presence when entering a resident housing unit, or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1, Program Services, Facility Capacities, states the number of youth placed in a group

home shall not exceed the facility's recommended maximum bed capacity. The facility Superintendent monitors the facility population capacity. The capacity at Ashland Group Home is eight.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, pages 1, 2, requires the Department of Juvenile Justice (DJJ) shall implement quality controls for staff and youth in DJJ facilities to control movement, maintain adequate staffing patterns, and promote accountability. This policy shall apply to DJJ youth development centers (YDC's), group homes, and detention centers. Section C states, Each Superintendent shall establish the minimum number of staff that shall be on duty. Each facility shall meet the minimum staffing requirements for each shift. D. Areas occupied by youth shall be supervised by DJJ staff. E. Facility staff shall be assigned to shifts to maintain appropriate staff to youth ratios at all times. Each shift shall have a designated supervisor that is responsible for determining the presence of sufficient staff and staffing patterns and take the necessary action to correct deficiencies. F. DJJ detention and YDC facilities shall maintain eight to one (8:1) juvenile-to-staff ratios during waking hours and sixteen to one (16:1) juvenile-to-staff ratio during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Group homes shall maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours. G. If an insufficient number of facility staff report for duty to meet the minimum requirements, the Superintendent or designee shall initiate measures to call in or maintain sufficient staff to meet the minimum coverage requirements.

Overtime shall be avoided, but the provision of sufficient security staff shall take priority. H. Staff shall remain at their respective posts until relieved or otherwise authorized to leave the post. I. The Superintendent or management designee shall visit the facility at least once per week outside of normal business hours. The visits shall be planned and coordinated to observe facility operations. Observation of the entire facility shall not have to be completed, but each area below shall be reviewed: 1. Youth in isolation; 2. Sleeping areas; 3. Control room; 4. Counseling sessions or group counseling sessions; and 5. Recreation areas. J. Each DJJ facility shall use a video monitoring system to assist in ensuring the safety, security, and general well-being of youth and staff. K. Video monitoring shall not substitute for appropriate supervision of youth. L. DJJ shall maintain video systems that are functional and maintained in proper working order.

According to the 2020 Ashland Group Home Staffing Plan Development Process Form staffing plans, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. Staffing at the Ashland Group Home is predicated upon the designed facility capacity of eight beds. Group homes are required to maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours. The Ashland Group Home Staffing Plan dated 2019-2020, takes into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan. The 2018, 2019, 2020 Ashland GH Staff Meeting Minutes notes PREA items including review of the facility staffing plan indicating training for all facility staff.

The facility provided the Ashland Group Home Shift Reports dated May 2019-2020 documenting staffing ratios for the entire facility. In addition to the reports, samples of Unannounced Facility Visit (Rounds) sheets dated January- October 2020 were also provided indicating random supervisory checks on the living

units and buildings for both day and night shifts. The total number of monthly visits range from four to five times per month covering different or random times. Unannounced rounds are conducted by higher level staff namely the facility Superintendent. A memorandum of clarification submitted by the facility Superintendent records that Ashland Group Home has not deviated from or staffing plan, or staff/youth ratios during the current twelve-month review period.

Interviews:

- Agency Designee – Commissioner
- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator

Interview with the facility Superintendent revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns.
- The facility's deployment of video monitoring systems and other monitoring technologies.
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Since the last PREA audit the average daily number of residents reported was six (6).
- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was eight (8).

Interview Results

- Interviews and supporting documentation show the Commissioner, PREA Compliance Officer, facility Superintendent, and facility PREA Coordinator indicated that they are consulted regarding any assessment or adjustments to the staffing plan.
- Interview with the PREA Compliance Officer, facility Superintendent, and facility PREA Coordinator indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all of the components listed in the standard.
- Interviews with intermediate or higher-level staff indicated they perform unannounced rounds and documented on the Unannounced Facility Visit (Rounds) sheets.
- Interview with the facility Superintendent and PREA Coordinator indicated that they verify rounds are being conducted by random reviews and noting them on the sheet.
- The PREA Compliance Officer, facility Superintendent, and PREA Coordinator 's interviews confirmed the process for conducting annual reviews. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 321, Incident Reporting, revised April 26, 2017
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 325, Program Services, Searches, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 325, Searches, revised July 18, 2016
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, revised August 27, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, dated March 9, 2018

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 910, Facility Security Management, revised August 27, 2018
- The Department of Juvenile Justice General Directive, Youth Contraband Assessment and Initial Health Screening Procedure. Dated April 2, 2012
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1, Program Services, Facility Capacities, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Training curricula for Cross Gender Pat Down and Visual Body Searches, Training video and power point presentation
- Acknowledgement of Phase 10 PREA Training- Cross gender search training forms
- Ashland Group Home Staff Meeting Minutes 2020

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff
- Random Residents

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, page 1, section 1, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures. This policy applies to each DJJ group home. Section D indicates Supporting documentation shall provide additional information regarding an incident. The following supporting documentation shall be required as part of the final incident report: 7. For the following incidents, refer to the corresponding policy for required documentation: b. Searches; and F. Designated staff shall reference the incident report in the progress notes, the shift report, and the shift log by the end of the shift. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 321, Incident Reporting, revised April 26, 2017, has a system for reporting incidents involving youth. Prompt reporting shall take place in accordance with established procedures. Ashland Group Home follows the guidelines of DJJ 321 section 1, section D and F.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 325, Program Services, Searches, page 1, section 1, indicates consistently applied search and screening practices are essential to the order and security of the facility. Searches of youth, visitors of youth, and facilities shall be designed to prevent the introduction of contraband, provide for its disposition, and to protect youth and staff. Indiscriminate body searches of juveniles are prohibited in all residential facilities. Upon a juvenile's admission to a facility, returning from an unsupervised setting, or whenever

there is reason to believe that the security of the facility may be endangered or that contraband may be present in or introduced into the facility, the search of a juvenile and their possessions shall occur.

The Department of Juvenile Justice General Directive, Youth Contraband Assessment and Initial Health Screening Procedure. Dated April 2, 2012, requires the contraband assessment shall consist of a pat down frisk and hand-held metal detector scan and shall be conducted in the view of camera system at DJJ facilities that have camera systems. B. The staff person conducting the pat down frisk and the hand-held metal detector scan shall be the same gender as the youth. The second staff person shall observe the process to verify that the correct procedure is followed. The second staff person does not have to be the same gender as the youth.

The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 325, Searches, page 1, section D. Staff shall provide the individual being searched with a verbal overview of the procedure to be used. E. When possible searches shall be conducted by a same gendered staff. Cross gender searches shall only be conducted under exigent circumstances and shall be documented. Section G. Pat down search 1. If possible, 2 staff that are the same gender as the youth shall conduct the pat down search. One staff shall facilitate the process as the second staff observes the process to verify the correct procedures are followed. Section H. Strip search: 1. Strip searches may be performed only with probable cause and authorization from the Director of Medical Services. An incident report shall be completed, documenting the probable cause. 2. A strip search shall always be performed by 2 staff of the same gender or medical personnel and a staff of the same gender. 3. A strip search shall be performed in an area that ensures the privacy and dignity of the juvenile. 4. Strip searches shall be performed to visually inspect the juvenile's body and physically search the juvenile's clothing. 5. If the intent is to view the surface area of the body, the following shall be searched by having the juvenile gently lift each respective area: breasts, genitalia and body folds. 6. Strip search procedures shall be reviewed by the Director of Medical Services and the Superintendent. With regards to body cavity searches, section I requires: 1. Outside medical providers shall be the only individual authorized to conduct a body cavity search. Probable cause that a youth may be concealing contraband in a body cavity shall exist prior to the authorization of a body cavity search. 2. Authorization shall be required by the Superintendent and Director of Medical Services prior to a body cavity search.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 910, Facility Security Management, page 2, section N, requires each DJJ facility shall post the name of the facility staff that is on duty in a conspicuous location, so that residents are aware of staff that are not the same gender working in a housing unit. Staff of the opposite gender shall announce their presence when entering a resident housing unit, or any area where residents are likely to be showering, performing bodily functions, or changing clothing. A memorandum of clarification by the facility Superintendent stated that during the current review period there have been no circumstances that required deviation from the policy on cross gender viewing or searches.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender

Identity, section O. requires DJJ staff shall not search or physically examine a transgender or intersex juvenile resident for the sole purpose of determining the resident's genital status. Only qualified medical staff may conduct medical exams or searches that involve the removal of clothing revealing breasts, buttocks, or genitalia, except in exigent circumstances as necessitated by safety concerns. P. DJJ staff shall be trained on how to conduct cross-gender pat down searches, and searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive manner possible that is consistent with security needs.

A review of the agency and facility's search training curriculum and acknowledgement of Phase 10 PREA staff training forms, and Ashland Group Home Staff Meeting Minutes 2020 confirmed that training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. The Ashland Group Home staff meeting minutes 2020 documented refresher training of all facility staff. All residents interviewed stated that they had never been searched by a staff member of the opposite sex gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down and wand searches which was in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

All random staff interviewed indicated that they announce themselves before entering a youth's room area. In fact, all gender staff announce their presence before entering the resident bedrooms and bathroom areas. Documentation of opposite gender announcements are logged and documented on the designated form. During the tour it was observed all staff both male and female staff announce their presence when entering the male living area. Facility staff and resident interviews confirmed all residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the facility tour, the auditor observed the resident's bathroom which the showers provide privacy, through the use of a curtain. Bathroom doors are made of solid wood allowing privacy when residents are using the bathroom or taking a shower. Residents shower one at a time. When staff conduct security checks, they verify residents are dressed and when checking on residents who may be in the bathroom staff knock on the door to verify youth are safe and sound. Residents are required to be dressed when entering and exiting the bathroom.

While on-site, there were no transgender or intersex residents housed at the facility. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Should the facility house a transgender or intersex resident in population and when a pat down search is required, the facility has the option of having a same gender staff from the local Youth Development Center respond to conduct the search.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.

- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident’s genital status was zero.

Interview Results:

- All twelve (12) staff interviewed either announce their presence or hear staff of the opposite gender announce their presence when entering a living unit.
- All five (5) residents reported staff of the opposite gender announce their presence when entering the bedroom area. Residents further stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- Five (5) residents interviewed have undergone a pat and wand search conducted by same gender staff and conducted in a professional and respectful less intrusive manner. All residents reported they have not undergone a visual body search.
- Two (2) female staff, a counselor and administrative aide were interviewed and stated that procedure limits their ability to conduct pat down and wand searches. There is always a male staff on all shifts. Male staff interviewed confirmed they have never seen a female search a male resident. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act, DJS Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, Health and Safety Services, Health Services, dated April 5, 2019
- Language Translation Services Associates to access a qualified interpreter
- Interpreter Services Monthly Log Sheet
- Office of Procurement Services Master Agreement with Language Services Associates for telephone interpretation services
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version

- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- 2020 Ashland GH Staff Meeting Minutes notes PREA items, staff training
- Resident Acknowledgment of Phase 3 and Phase 10 PREA Training
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification from Superintendent dated July 24, 2020
- Standard Cover Sheet

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Resident who had a physical disability

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, section 1, policy, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program’s procedures, rules, programs, and services in language that the youth understands. Residential programs shall not discriminate on the basis of race, color, sex, disability, age, national origin, religion, sexual orientation, gender identity, genetic information, political affiliation, or veteran status. The Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions is distributed during the intake and orientation phase. Located in all five resident social files were the Resident Acknowledgment of Phase 3 and Phase 10 PREA Training forms acknowledging each resident received and understood the training protocols.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, section B. states Juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: 1. Initial contact with the juvenile services worker (JSW); 2. Initial facility intake at a detention center, youth development center (YDC), and group home; 3. Initial meeting with a youth counselor; 4. Monthly treatment team meetings; and 5. Upon request for PREA information by a juvenile. In the same policy, section J. requires DJJ’s PREA policy shall be made available in an accessible format to juveniles with disabilities, juveniles who speak limited English, or in the juvenile’s native language if the

juvenile does not understand English. DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018B. Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services: 1. Housing that provides for their safety and security; 2. Rooms or housing units designed for their use that provide for integration with other juveniles; 3. Programs and services that are modified and/or specifically accessible to them; and, 4. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act, DJS Staff PREA Education and Training, Phase 3 Juvenile Education notes on the dynamics of sexual abuse and harassment in a confinement setting, informs staff that particular vulnerable juveniles susceptible to sexual abuse and harassment may have mental, physical, or cognitive disabilities, and limited English proficient.

The agency provided a copy of a multi-year agreement between the Kentucky Department of Juvenile Justice and Language Services Associates for telephone interpretation services Interpreter/Translator Services for Ashland Group Home. The contract provides for interpretive services for residents who may speak up to twenty different languages. Services shall be performed by professional and experienced interpreters that possess demonstrated proficiency levels that range from the ability to speak the language with sufficient structural accuracy and vocabulary, to effective participation in most formal and informal conversations on practical, social and professional topics. The maximum proficiency level will demonstrate that of a highly articulate well-educated native speaker which reflects the cultural standards of the country where the language is natively spoken. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. The Kentucky Department of Juvenile Justice and Ashland Group Home offers access to Language Services Associates, a qualified interpreter service where an interpreter will be on the line and provide residents who are limited English proficient.

The agency and facility use a wide array of resources designed for residents in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. There are postings throughout the facility in English and Spanish.

The Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version, Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions and the Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook contain a wealth of information that provides appropriate explanations regarding PREA to residents based upon their individual needs.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining

another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0).

Interview Results:

- Interviewed staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During an interview with the resident who had a physical disability, he reported that he was provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material.
- During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing. Interview with the PREA Compliance Officer, Superintendent, and PREA Coordinator indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. When residents are in need of interpreting services, the facility documents using the Interpreter Services Monthly Log Sheet.
- The Superintendent and PREA Coordinator assigned as Intake Staff, also indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. They also acknowledged they would take the necessary time to fully explain all PREA related materials. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, dated March 9, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106, Administration, Background Checks, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act, Reporting and Investigating PREA Violations, dated March 9, 2018
- KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited.
- KRS 61.872 Right to inspection -- Limitation.
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- PREA Requirements for DJJ Staff form
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Standard Cover Sheet
- All staff human resources files/database review indicating Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, sex offender and driver's license including the five-year check
- Email approval of staff completed initial and within every five-year background checks
- Staff application form
- The Diana Screen Consent Form

Interviews:

- Agency PREA Compliance Officer
- Administrative Human Resource Manager, Agency, and Facility Level
- Administrative Investigator

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, requires the Department of Juvenile Justice (DJJ) conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA).

Section 4, Procedures requires A. DJJ shall maintain and facilitate personnel procedures to ensure that current staff, newly hired staff, volunteers, interns, and contractors have cleared all background checks required by this policy before having contact with juveniles under the custody, care, or supervision of DJJ. B. DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment with DJJ, including the following: 1. Criminal background or National Crime Information Center (NCIC) check; 2. Sexual offender registry check; and 3. Child abuse and neglect registry check. C. DJJ shall conduct background checks on all DJJ staff every five (5) years. If DJJ

is made aware of a criminal offense that may have been committed by a staff or any pending charges brought against a staff, a background check shall be conducted immediately.

Section D requires DJJ staff volunteers, interns, and contractors shall be subject to random background checks during the tenure of their service. If DJJ is made aware of a criminal offense, pending charges, or child abuse or neglect investigation involving a staff member, volunteer, intern, or contractor, a background check shall be conducted immediately. Any staff, volunteer, intern, or contractor that refuses to cooperate and does not sign a release for the completion of a background check upon request, shall be suspended or subject to termination. E. A newly hired staff, volunteer, intern, or contractor shall not interact with or have access to juveniles in the custody, care, or supervision of DJJ without the supervision of a qualified DJJ staff, until the Personnel Branch has cleared the individual to work with juveniles.

Section F states DJJ shall not permit an employee, volunteer, intern, or contractor to work in a DJJ facility or office if the background check protocol yields ineligibility for employment or service with DJJ, pursuant to this section or Section H of this policy. G. DJJ shall not hire, promote, or transfer a person into DJJ as a staff or use a person as a volunteer, intern, or contractor who has: 1. Engaged in sexual abuse or sexual harassment in a prison, jail, community confinement facility, juvenile facility, or other institution; 2. Been convicted of engaging in or attempting to engage in sexual activity by force, implied threats of force, coercion, or if the victim did not consent to or was unable to consent or refuse; 3. Been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if a victim did not consent or was unable to consent or refuse; or 4. Been identified as the perpetrator in a sexual harassment matter and was found to have committed sexual harassment in their employment history.

Section H. requires an applicant, volunteer, intern, or contractor considered for employment or services, after October 1, 2013 shall be automatically disqualified as an applicant for hire or service if DJJ receives a background check for that respective individual that indicates a conviction for any of the following: 1. Any sex related offense under KRS Chapter 510; 2. Any violent offense referenced in KRS 439.3401; 3. Sexual exploitation of minors under KRS Chapter 531; 4. Any crime involving the same conduct as the criminal conduct in one (1) through three (3), but for which the conviction occurred in another jurisdiction.

Section I. requires all new hires and transfers into DJJ and all promotions within DJJ shall be subject to the background and reference check outlined within this policy. Any person with a confirmed sexual harassment finding shall submit documentation and additional information regarding the sexual harassment matter and the file shall be reviewed by the Commissioner or designee of the Commissioner, the Director of Administrative Services, an attorney from the Office of Legal Services, the Personnel Branch Manager, and the Agency PREA Compliance Officer to determine the best interest of the agency regarding the hiring or transfer of this person within DJJ. J. Employment reference checks shall be conducted for individuals that are considered new hires or individuals being transferred into DJJ. K. DJJ shall make a good faith effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. L. If a background check indicates that a current DJJ staff has committed a PREA offense that prohibits employment pursuant to this policy, the Personnel Branch Manager, the Agency PREA Compliance Officer, and the

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks requires the department shall require that background checks be conducted for all Department of Juvenile Justice (DJJ) staff, applicants, volunteers,

interns, and contractors having contact with DJJ youth. Section 4, Procedures requires, A. DJJ shall conduct background checks on all DJJ staff, volunteers, interns and contractors every five (5) years, or sooner, if DJJ is made aware of a criminal offense that may have been committed by an employee. B. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. C. DJJ shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ: 1. Criminal background or records check; 2. Sexual offender registry check; and 3. Child abuse and neglect registry check. D. DJJ shall require a check of licenses and certifications on all staff who are required by the classification specification to have or maintain a license or certification. E. The Personnel Branch shall complete a background check on each staff, intern, contracted staff, and volunteer prior to the completion of the first thirty (30) days of duty or, in the case of Youth Worker (YW) staff, prior to the completion of the Training Academy. F. The Commissioner shall make the final decision on all positive results from the background check.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act, Reporting and Investigating PREA Violations, section 4, I. A staff or a juvenile, who makes a report which is investigated and it is established by IIB that the staff or juvenile knowingly made a false report, shall be subject to program sanctions or staff disciplinary action up to and including termination or dismissal.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request policy states, records shall be requested in writing according to established protocol in compliance with all applicable state and federal statutes. Designated department personnel shall respond to records requests promptly according to the procedures outlined in this policy. Section 4, Procedures states A. Open Records Requests: 1. The Kentucky Open Records Act (KRS 61.878-61-884) establishes a right of access to public records. All public agencies are required to make all non-exempt public records available to any requester. All non-exempt public records which are prepared, owned, used, possessed, or retained in the normal course of business, shall be made available for inspection or copying. 2. Open Records Requests received from outside agencies or individuals shall contain: a. A written request; b. Name and address of the requester; and c. A description of the documents with reasonable particularity of the public records being requested.

Section F. The Ombudsman shall collect and review all records responsive to the request from the appropriate record holder(s) and shall redact all exempt and confidential information contained within the responsive records pursuant to KRS 610.340(1)(a). 4. The custodian shall confer with the Office of Legal Counsel regarding the handling of any request. 5. Verbal requests for records will NOT be accepted. Document KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited and KRS 61.872 Right to inspection -- Limitation section (h) states Records of law enforcement agencies or agencies involved in administrative adjudication that were compiled in the process of detecting and investigating statutory or regulatory violations if the disclosure of the information would harm the agency by revealing the identity of informants not otherwise known or by premature release of information to be used in a prospective law enforcement action or administrative adjudication.

Unless exempted by other provisions of KRS 61.870 to 61.884, public records exempted under this provision shall be open after enforcement action is completed or a decision is made to take no action; however, records or information compiled and maintained by county attorneys or Commonwealth's attorneys pertaining to criminal investigations or criminal litigation shall be exempted from the provisions of KRS 61.870 to 61.884 and shall remain exempted after enforcement action, including litigation, is completed or a decision is made to take no action. The exemptions provided by this subsection shall not be used by the custodian of the records to delay or impede the exercise of rights granted by KRS 61.870 to 61.884.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics requires the Department of Juvenile Justice (DJJ) shall expect from staff honesty, integrity, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service. The department shall require a drug-free workplace. Section H. states staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Section P. If a staff is arrested for or charged with any offense, other than a minor traffic violation, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. Staff shall not be relieved of the responsibility of providing notice or reporting to work as a result of being detained. 1. Staff shall furnish the supervisor with the name of the charging authority, the city or county where the charges are filed, and the next court date assigned to them. Q. If a staff becomes aware that they are the subject of an investigation of child abuse, neglect or dependency, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. R. If a licensed staff has their licensure or certification under investigation, suspended, or revoked, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift.

After interviewing the Human Services staff, the auditor randomly reviewed all current employees, contractors, and volunteers' names with various hiring dates. The review of records resulted in newly hired employees, volunteers, and contractors had the required documentation indicating that the necessary checks were completed as well as the requirement of criminal background checks were conducted at least every five years for current employees, contractors, and volunteers. The background checks were completed in March of 2018. The agency and facility have an extensive process in place for newly hired staff, current staff, volunteers, and contractors. Background checks include the Department Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, sex offender check, driver's license, and the Diana Screen consent form.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 1.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 1.

- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 2.

Interview Results:

- The interview with Agency Human Resource Managers and Investigator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every four (4) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees. The information was reviewed by this auditor and the facility is in full compliance of the standards.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KDJJ-Ashland Group Home Building Schematic and Video Surveillance System Diagram
- Memorandum of clarification on any building expansions or modifications from Superintendent dated July 24, 2020
- Memorandum of clarification regarding updates to video surveillance system from Superintendent dated July 24, 2020

Interviews:

- Agency Designee-Commissioner
- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator

The review of the Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates no substantial expansion or modification since the last PREA audit 2017. The PREA Compliance Officer, facility Superintendent, and PREA Coordinator reported there have been no recent updates to the video monitoring system, electronic surveillance system, or other monitoring technology.

The Agency head designee- Commissioner and facility Superintendent advised when the agency and facility plan substantial expansion to facilities, the agency considers the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations are given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems. The facility Superintendent provided a memorandum of clarification regarding updates to video surveillance system from Superintendent dated July 24, 2020, indicating there have been no acquisitions, expansions, modifications or design changes to the facility as well as no updates were necessary for our video surveillance system during this review period.

The facility has two camera systems, the older version consists of fifteen cameras that record video for one week. The newer camera system has much improved camera imaging and coverage with a retention period of thirty days. There are twenty-four cameras strategically placed throughout the facility to reduce blind spots. As previously reported in the facility tour recommendations, there was a need to post a restricted area sign on the door to give clear visual for authorized personnel only-no youth are allowed. The restricted area sign was immediately posted on the door, the area was revisited by the auditor, and matter was resolved. As a way to improve the line of sight and video coverage in the garage, the auditor suggested when resources are available consider adding a camera in the tool area. Lastly, there were two cameras that had poor visibility due to the lens being dirty and blurry. The cameras identified were located in the

counselor's office and a hallway camera. While the auditor was on-site, the camera lens was cleaned, and the matter was resolved.

Interview Results:

- Interviews with the Deputy Director, PREA Coordinator, and the Compliance Manager indicated that there was no major expansion since 2012 or since their last audit in 2016. If there were any major building expansions or upgrades to the video monitoring system, the administrative team would be involved in the planning process. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Programs and Services, revised January 8, 2016
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated September 19, 2017
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated January 19, 2017
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 404.6, Health and Safety Services, Emergency Medical Services, revised August 27, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Department of Juvenile Justice General Directive, Youth Contraband Assessment, and Initial Health Screening Procedure. Dated April 2, 2012
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1, Program Services, Facility Capacities, dated April 5, 2019
- Medical Services Provider Letter
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- SAFE/SANE Hospital List for Group Homes
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
- Public Protection Cabinet, Dept. of Professional Licensing for Medical and Mental Health Staff
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers
- Memorandum of Clarification from facility Superintendent
- KRS 15.A.020 Organizations of Justice and Public Safety Cabinet

- 500 KAR 13:020 Office of Investigations

Interviews:

- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Medical Staff
- Administrative Investigator
- Random Staff
- Random Residents
- State Coalition Executive Director
- Victim Advocates
- Victim Advocate Specialist
- KSP Detective Supervisor
- SAFE/SANE Staff- King's Daughter Medical Center

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, and Kentucky Department of Juvenile Justice, section 4, A.9 requires the Department of Juvenile Justice (DJJ) provide services for the rehabilitation of committed youth through residential programs. These programs shall be designed to offer different levels of services and security as required in order to meet the needs of the youth and protect the public. Section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 9. Emergency medical and mental health services. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Programs and Services, provides services for the rehabilitation of committed youth. Programs and services are designed to meet the needs of youth and protection of the public. Ashland Group Home will follow guidelines set forth by DJJ 300.1.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, section 1 and 4 A, requires all Department of Juvenile Justice (DJJ) programs shall promote delivery of medical, dental and behavioral health services, when the health of a youth may otherwise be adversely affected, as determined by the responsible medical personnel. Medical and behavioral health screens shall be completed and shall not be considered treatment services. Emergency medical treatment shall be provided. No youth shall be denied the right to medical care or be disciplined for requesting medical care. Youth shall receive informed consent prior to invasive procedures or examinations. Youth shall have the right to refuse medical, dental, and behavioral health examinations and/or procedures. Youth shall have the right to file a formal grievance under provisions of DJJPP Chapter 3 and Chapter 7 (Grievance Procedure).

Section 4.A., Procedures, Access to Medical Treatment, 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede

the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated September 19, 2017, shall promote delivery of medical, dental and behavioral health services, when the health of a youth may otherwise be adversely affected, as determined by the responsible medical personnel. Ashland Group Home will follow guidelines set forth by DJJ 402.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated January 19, 2017, requires Youth Workers shall be trained to respond to a health-related situation within a four-minute response time. Access will be provided to emergency medical and dental care 24 hours a day. Section 4.A., Procedures, requires A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director. Review of the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 404.6, Health and Safety Services, Emergency Medical Care Services requires Ashland Group Home will follow guidelines set forth by 404.6.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.8, Health and Safety Services, Hospital Care, dated October 5, 2018, requires each DJJ facility shall make arrangements in advance for providing both in-patient and out-patient hospital care for medical conditions. Section A-I requires DJJ programs shall have an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. All staff shall be aware of the facilities to be utilized in a non-emergency situation. These agreements shall be reviewed as necessary by the responsible parties. The agreement is ongoing unless canceled by one or both parties with 30 days notice. B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include: 1. Transferring a summary of the Medical Record; 2. Transporting of youth; 3. The requirement of personnel

to accompany youth to the medical facility; and, 4. Receiving a summary of treatment. C. The Medical Director shall approve non-emergency hospital care or outpatient surgery. D. Staff shall accompany youth to the hospital and stay with them through admission. Upon admission, youth shall require around-the-clock supervision during their stay at the hospital. When warranted, a medical escort will accompany transporting staff. E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager when a youth is hospitalized, and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid. G. Parents or legal guardians shall be notified of hospitalization of a youth. H. A discharge summary from the medical facility shall be obtained prior to returning to a DJJ facility. The discharge summary shall be placed in the youth's medical record for review. I. The facility Registered Nurse, the Nurse Administrator, or Director of Medical Services shall be contacted upon return of the youth from the hospital. Follow up care shall be coordinated with the primary care provider. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care. Review of the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 404.8, Health and Safety Services, Hospital Care requires Ashland Group Home will follow guidelines set forth by 404.8.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, section F. requires if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report. 5. The juvenile victim of the sexual abuse or sexual assault shall be separated until they can be interviewed by law enforcement or law enforcement confirms that the juvenile victim does not need to be interviewed. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. 7. The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation. 8. For an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility. Criminal investigations are referred to the Kentucky State Police and the facility relies on the Kentucky State Police for evidence collection that maximizes potential for obtaining

useable physical evidence. The Kentucky State Police uses an evidence protocol and utilizes the SAFE/SANE who adheres to the equivalent of national standards. The auditor was provided documentation from the agency an facility regarding the requirements of the standards related to local law enforcement and requesting they follow provisions (a)-(e) of this standard.

Section G. If the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff and the juvenile shall be examined by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized. H. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, sealing off the area may not be practical due to traffic, contamination, and use of the area. The Superintendent or Regional Director shall consult with IIB to determine what areas to close and what evidence to collect. I. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, transportation to an emergency medical facility shall be at the discretion of the facility medical staff, in consultation with the Superintendent and the Division Director of Medical Services. J. After an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation complies with agency policy 908.

Ashland Group Home shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, and supervision of AGH. Ashland GH shall follow all guidelines of DJJ 908.

The KRS 15A.160 authorizes the Secretary to promulgate administrative regulations for the proper administration of the Cabinet and its programs. This administrative regulation establishes the procedures for investigations by the Office of Investigations, Office of the Secretary.

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are thirteen Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through the medical center. The SAFE/SANE examiner, a registered nurse from King's Daughter stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When King's Daughter Health System is notified of a sexual assault, they contact the local rape crisis center, Pathway's Inc. for a victim advocate to respond in person to the health system. According to the victim advocate at Pathway's Inc. victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to King's Daughter Health System, the local SAFE/SANE hospital for the facility.

Furthermore, another resource available to the agency/facility is the Kentucky State Police. The Kentucky State Police would respond to the facility to initiate the criminal investigations and then dispatch a victim advocate works with the Kentucky State Police by making initial arrangements with the appropriate interviewer such as a state trooper or detective. The victim witness advocate attends the interview and follows up with the victim's guardian or family to articulate what was discussed in the interviews and

update the family through the investigative process. Additional assistance is to provides any resources such as counseling and crime victim compensation.

If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the PREA Coordinator, this qualified staff member has is available to respond and provide victim advocate services should the need arise. To date, the staff member has not been utilized as Pathway's and the Kentucky State Police can provide victim advocate services. A memorandum of clarification was written by the facility Superintendent advising that during the current review period there have been no circumstances that required requests for victim advocacy services.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted and performed by a SANEs/SAFE examiner during the past 12 months reported were zero (0).
- The number of exams performed by a qualified medical practitioner during the past 12 months that occurred at the facility as reported was zero (0).

Interview Results:

- Interviewed staff, including the PREA Coordinator and facility Superintendent, were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical nurse and mental health staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility can provide mental health counselors' accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.
- The Executive Director at the Kentucky Association of Sexual Assault Programs (KASAP), Victim Advocates from Pathway's Inc. and the Kentucky State Police indicated victim advocate services will be available in a case of a sexual abuse at Ashland Group Home and provide their services to residents free and in a confidential manner
- All random staff interviews indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility.
- All five (5) Thirteen (13) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. The auditor was very impressed with their overall knowledge on this topic and they receive the information upon admission and discuss this topic on many occasions throughout their placement at the facility.

- Facility records indicated the two (2) residents who disclosed prior sexual victimization in the community received the appropriate medical and mental health services. There were no residents who reported sexual abuse.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Internal Investigations Branch Website
- Kentucky Department of Juvenile Justice Website

Interviews:

- Agency Designee- Commissioner
- Investigative Staff
- PREA Compliance Officer
- Ombudsman
- Random Staff

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section A. requires all DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section F. requires if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report. Section G. If the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff and the juvenile shall be examined by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized.

For criminal investigations, they are referred to the Kentucky State Police and the facility relies on the Kentucky State Police for evidence collection that maximizes potential for obtaining useable physical evidence. The Kentucky State Police provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. If there are any sexual abuse allegations referrals made by KDJJ for criminal investigations are documented when referred to KSP.

PREA allegations are referred to Justice and Public Safety Cabinet's Internal Investigations Branch where Administrative Investigators are assigned for investigations. The facility provided staff certificates of specialist training from all investigators completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gathered in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website. The facility Superintendent submitted a memorandum of clarification advising that during the current review period there have been no allegations of sexual harassment or sexual abuse or investigations.

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months were zero (0).
- The number of allegations resulting in an administrative investigation during the past 12 months was zero (0).
- The number of allegations referred for criminal investigation during the past 12 months was zero (0).

Interview Results:

- All random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policies' requirements; the staff were to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.

- Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 500, Professional Development, Definitions, dated January 17, 2017
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 502, Professional Development, Pre-Service Training, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA Education and Training, revised August 6, 2018
- Justice and Public Safety Cabinet, DJJ, Acknowledgement of Phase 1 and Phase 10 PREA Training
- Ashland Group Home Staff Meeting Minutes
- Training Curriculum: PREA Phase Trainings for Contract Medical, Cross-gender Pat Down Searches, Phases 1-10, Volunteer and General Contractors
- Master Training List
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 101, Administration, Administrative Responsibilities of Managers, dated November 30, 2018
- Training Event Attendance Sheet, Standard Operating Procedure 2019
- Training Event Attendance Sheet, DJJ Policy Review 2020
- Memorandum of Clarification
- Staff Meeting Minutes for January 2020
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Statue 620.020, definitions for chapter
- Kentucky Statue 630.030, duty to report, mandatory reporting laws
- Kentucky Statue 620.040, duties of prosecutor, police, and cabinet-prohibitions as to school personnel and multidisciplinary teams.
- Kentucky Statue 620.050, immunity for good faith actions or reports
- Kentucky Statue 620.050 Kentucky Legal age of consent (legal age for consensual sex)

Interviews:

- PREA Compliance Officer

- Facility Superintendent
- Campus Administrators
- Random and Specialized Staff

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, policy section, requires the Department of Juvenile Justice (DJJ) shall provide training and professional development for department staff. Sections A: 1-3 states, A. The Division of Professional Development (DPD) shall administer or provide oversight for any DJJ training activity including: 1. Pre-Service assessment and training coordination for DJJ staff; 2. The Youth Worker Training Academy (Academy); 3. In-service training events.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 502, Professional Development, Pre-Service Training, policy section requires staff hired or promoted shall be required to complete pre-service training as indicated by job classification, previous job experience, training, or education. Section C. The Training Branch shall develop or coordinate the development of a Pre-Service Training Plan for a new DJJ staff in specified job classifications within the first thirty (30) days of employment. 2. Special Group Requirements: a. All newly hired Youth Workers shall be required to attend the Training Academy. b. Youth Worker Supervisor (YWS), Youth Services Program Supervisor (YSPS), and Juvenile Facility Superintendent (JFS) I, II, and III: The Division Director or designee shall conduct a review of the trainings completed for each staff hired or promoted into these specific job classifications to determine specific training needs and shall develop a Training Plan for that staff accordingly. The training plan may be comprised of some or all of the Academy, in-service trainings, Office of Diversity Equality and Training (ODET) courses, or other training. The staff's supervisor shall forward the Training Plan to the Training Branch Manager or designee, including all relevant information needed for completion of the plan.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, policy section requires staff training requirements shall be determined by job classification. The staff that performs special duties or assigned tasks may be required to participate in specialized training, in addition to mandatory annual training. All revisions to these lesson plans shall be submitted by the facility or office to the assigned Training Branch Liaison for approval by the DPD prior to the training. C. Orientation and Pre-Service Training. 5. All staff hired in a DJJ facility shall be provided orientation training; x. Sexual Abuse Prevention and Response in Supervisory Settings/ Prison Rape Elimination Act of 2003 (PREA)(Annual). Academy shall contain at least five (5) weeks of instruction. e. The Training Branch shall ensure that Academy curriculum includes: xix. Sexual Abuse, Sexual Harassment, and Prison Rape Elimination Act of 2003 (PREA). 18. Student interns, volunteers, and contract staff shall complete an orientation prior to their assigned duties. The orientation shall include a review of DJJ Policy and Procedures that are applicable to the intern, volunteer, or contract staff responsibilities. All student interns, volunteers, and contract staff shall be trained on PREA. Additional training will be provided as needed. 19. Contracted educational staff shall complete trainings per Interagency Agreement and shall be trained at the same time as department staff. Training may be conducted by the local school district if reviewed and approved by the DJJ Program Services Division. Annual trainings shall include d. PREA. 3. The Life Safety Course is a group of trainings designed to ensure that DJJ facility staff are adequately trained and

prepared to maintain the health and well-being of youth. b. Life Safety Course includes the following trainings and annual in-service review: vii. PREA.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. In Section A. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the ten (10) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training requires the facility to follow the guidelines set forth in policy 911.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, sections J requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type. Section J. DJJ's PREA policy shall be made available in an accessible format to juveniles with disabilities, juveniles who speak limited English, or in the juvenile's native language if the juvenile does not understand English. DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances.

As indicated in policy 911, DJJ staff shall train all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a yearly PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2020, all staff have received the required training. The facility uploaded the Training Curriculum: All PREA Phase Trainings for all employees, volunteers, interns, and contractors. The training curriculum material consists of agency policies and procedures, state statues, facility standard operating procedures, power point presentation on all topics required by the standard 115.331. Employees are also trained on cross gender supervision, cross gender pat down searches, so the additional training is tailored to both genders, as both male and female residents are committed to the facility. Employees are all trained on cross gender supervision, so additional training in the event employees are re-assigned are not necessary. The agency provided the auditor with training event attendance sheet on Standard Operating Procedure review in 2019 and Training Event Attendance Sheets reviewing DJJ Policy Review conducted in 2020.

The facility Superintendent submitted a memorandum of clarification and advised that our facility conducts PREA training annually. In addition, between our annual PREA reviews we conduct DJJ Policy and AGH SOP reviews annually to ensure that staff are aware of applicable policies and guidelines. We also review this information in our monthly staff meetings. New staff will also receive training during their orientation period.

All random staff interviewed were very knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfil their role in preventing, detecting, and reporting sexual abuse and the topic of dynamics of sexual abuse and harassment within a confined setting and first responder duties.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were 12, which matches the training records.
- A sample of the 2019 and 2020 Employee Receipt of PREA Training Sign-In Sheets was provided, acknowledging by their signatures that they understand the identified areas listed on the form.

Interview Results:

- Twelve (12) out of twelve (12) staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training.
- All staff interviews revealed they were very knowledgeable on the aspects of PREA with the training topics 1-11 outlined in the standard. The auditor was very impressed of staff's overall knowledge on all training topics

Based on the above listed information, the articulation of staff regarding training topics 1-11, all relevant training documents and information, and with the thorough outlining of this in numerous policies and procedures the agency and facility exceeds the standard for the relevant review period.

115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Prohibited Conduct of Staff, Interns, Volunteers, and Contractors, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Medical Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health
- Medical Nurse Contractor DJJ Acknowledgment of Phase 1 and 6 PREA Training
- Volunteer/Intern Acknowledgement of Phase 1 PREA Training
- PREA Coordinator Phase 1 Training- Introduction to PREA Curriculum Guide Sheet
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Volunteers and Contractors who have contact with residents

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. Section A. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. H. All DJJ staff, Executive Staff, and contractors who have daily contact with juveniles shall be required to complete Phase eight (8) annually. The agency provided the auditor with acknowledgements of Phase 1 and 6 training completion for all volunteers and contractors including medical and mental health staff.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Prohibited Conduct of Staff, Interns, Volunteers, and Contractor, policy section requires the Department of Juvenile Justice (DJJ) staff, volunteers, interns, and contractors shall not facilitate or engage in an intimate, personal, or sexual relationship with a juvenile in the custody, care, or supervision of DJJ. DJJ staff, volunteers, interns, and contractors shall report all contacts or interactions prohibited by this policy to DJJ management. In Section A. DJJ staff, volunteers, interns, and contractors shall not engage in sexualized grooming or any sexualized interaction with a juvenile in the care, custody, or supervision of DJJ. B. DJJ staff, volunteers, interns, and contractors shall not exchange personal information or personal contact information, including phone numbers, email addresses, and residential addresses with a juvenile in the care, custody, or supervision of DJJ, except when conducting official business for DJJ and with the approval of the Superintendent or Director of Community and Mental Health Services.

Section C. DJJ staff, volunteers, interns, and contractors shall not use any mode of communication to initiate or carry on a sexual or intimate relationship with a juvenile that is in the custody, care, or supervision of DJJ. 1. Except for staff, volunteers, interns, and contractors conducting official business for DJJ and with the approval of the Regional Director or Director of Community and Mental Health Services, DJJ staff, volunteers, interns, and contractors shall not initiate or accept contact on a social media or social networking site with a juvenile under the custody of DJJ or with a former DJJ juvenile unless that juvenile is over the age of twenty-one (21) years of age and has been released for more than one (1) year from DJJ custody. Staff shall document information obtained for business purposes in the running record or daily log. 2. DJJ staff, volunteers, interns, and contractors shall inform their direct supervisor, Superintendent, or Director of Community and Mental Health Services of any inappropriate written or verbal communications received from a juvenile, outside the scope of regular business interaction. Each inappropriate written communication or verbal communication received from a juvenile, shall be documented in the juvenile's individual client record (ICR) for juveniles in a YDC, group home, day treatment, or community placement and an incident report shall be completed for juveniles in a detention center. The Superintendent or Director of Community and Mental Health Services shall forward this information to the Personnel Branch

Manager or designee. 3. Staff shall not have an intimate, inappropriate, or romantic relationship with a juvenile or former juvenile that has been in the direct custody, care, or supervision of that staff or in a facility where the staff worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, section A requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 2. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 3. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution. 4. An intern violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern, who violates PREA policies, shall not be permitted to work in a DJJ facility or office and the intern's college shall be notified of the separation from the internship. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of volunteers and contractors, who may have contact with Residents, who were trained on the PREA requirements reported were four (4) which matches the training records receipt.

Interview Results:

- Interviews with two (2) volunteers and three (3) contractors confirmed their knowledge of the required PREA training and the Agency's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment. The auditor was impressed by facility contracted staff namely medical and mental health staff and religious volunteers with their dedication and commitment to helping the residents at Ashland Group Home.
- Interviews with the PREA Coordinator and Compliance Manager confirmed that all volunteers, interns, and contractors receive the required training and provided documentation to verify such. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised August 6, 2018
- KDJJ Youth Acknowledgement of PREA Education and PREA Documentation
- KDJJ Ashland Group Home Resident Progress Note
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions

- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Intake Staff
- Random and specialized residents

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type.

Section A. requires DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 1. The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; 2. How to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. B. Juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: 1. Initial contact with the juvenile services worker (JSW); 2. Initial facility intake at a detention center, youth development center (YDC), and group home; 3. Initial meeting with a youth counselor; 4. Monthly treatment team meetings; and 5. Upon request for PREA information by a juvenile.

Section D. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 1. DJJ's zero tolerance PREA policy; 2. Sexual abuse, sexual harassment, victimization prevention, and intervention; 3. Self- protection information to prevent becoming a victim and how to avoid high- risk situations while placed in a facility; 4. Safely reporting an incident of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct including the option to report the incident to a designated staff member or confidentially through the IIB hotline; 5. Obtaining medical assistance, counseling services, and treatment if victimized; 6. Details regarding services and programs available for a juvenile who has a history of sexually assaultive behavior or a juvenile who has been a victim of previous sexual abuse or sexual harassment; and 7. Potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. E. DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: 1. Juvenile PREA brochure; and 2. Juvenile PREA Education Booklet.

Section F. Within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile. G. In YDC's and group homes, juveniles shall receive the comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR). H. In a detention center, juveniles shall receive verbal instruction, during each group counseling session regarding DJJ's zero tolerance policy and reporting information. The verbal instruction shall be documented in the group counseling progress note in the booking system.

The facility provided resident education material facility administrators review with residents at intake explaining the agency's zero tolerance policy, how to report incidents or suspicions of sexual abuse and harassment, and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided to residents in cases of sexual abuse. At intake residents are given a copy of the Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version, and the resident handbook. The brochure is written at a six-grade reading level and if necessary, based on any disabilities, the brochure will be read by staff to all juveniles in groups or individually. Residents also receive instruction and acknowledge receipt of the KDJJ Youth Acknowledgement of PREA Education and PREA Documentation form.

Within 10 days of intake, the facility shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. PREA education is accomplished using the following: 1. Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook; 2. Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions. The facility maintains documentation of resident participation in PREA education sessions by having the resident complete the Acknowledgment form. The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. During the tour it was very evident key information about PREA is posted throughout the facility and readily available to residents. While on-site, the auditor reviewed five (5) resident files and observed all required resident education material and acknowledgement forms were accurately completed and exceeded the timeframe required in the standard, intake documentation completed within a few hours of admission and the comprehensive age-appropriate educational material completed on day eight of resident's length of stay. Furthermore, the PREA Coordinator completes the required 60-day review prior to policy requirements.

The facility requires that residents who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

All resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was eight (8).
- The number of residents admitted during past 12 months who received comprehensive age appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake were eight (8).

Interview Results:

- The Intake staff, facility Superintendent and PREA Coordinator indicated that during orientation residents, to include transfers from other facilities, are educated on the zero tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process and is given on the date of admission and well within twenty-four (24) hours. The Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency.
- All five residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment.
- Residents were interviewed using the following statement: "When you came to this facility, were you told about..."
 - Your right to not be sexually abused or sexually harassed-- all interviewed residents answered yes.
 - How to report sexual abuse or sexual harassment-- all residents answered yes.
 - Your right not to be punished for reporting sexual abuse or sexual harassment-- all interviewed residents answered yes.
 - All residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they ever needed, knew what kinds of services were available, knew when they could speak with such services, and knew that what is said remains private. The auditor was very impressed on the resident's overall knowledge on this related topic.

Based on the above listed information, the articulation of resident regarding all resident education material, overall resident knowledge of PREA beginning at admission and throughout their length of stay, all relevant training documents and information, and with the thorough outlining of this in numerous policies and procedures the agency and facility exceeds the standard for the relevant review period.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum from the PREA Compliance Officer
- Specialized Training Records for Investigators

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Administrative Investigators

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. In section A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. Agency training records indicate the four (4) IIB investigators completed the training requirements outlined in standard 115.331.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent.

Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. 5. The IIB shall not investigate allegations that do not meet the definition of a Special Incident. IIB may refer allegations to the DJJ Ombudsman or Superintendent for investigation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, policy section requires the Office of the Ombudsman shall work to ensure fairness and equality in all services and programs provided by the Department of Juvenile Justice and to facilitate communications between the Department, its staff, its clients and their families, governmental bodies, and the general public. The Office of the Ombudsman shall receive and respond to inquiries and records requests and provide written and oral information to citizens, government agencies, and current or former youth and their attorneys. Section A. The duties of the Ombudsman assigned to conduct complaint investigations shall include: 7. Coordinate with the Internal Investigation Branch (IIB) to identify complaints received via the 800 hotline that need immediate attention.

The agency Compliance Officer submitted a memorandum indicating the Department of Juvenile Justice does not conduct any form of administrative or criminal sexual abuse investigation. DJJ does conduct resident-on-resident sexual harassment investigation through the Office of the Ombudsman in the IIB. The agency provided specialized training records for all Internal Investigation Branch investigators. In addition to receiving general training provided to all employees in 115.331, the agency provided staff verification of the specialized training included but not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of investigators currently employed who have completed the required training were four (4).

Interview Results:

- Interviews with Administrative Investigators indicated that they qualified and knowledgeable of agency policy and the investigatory process. They also confirmed that they received the required training for Investigator.
- The Agency Level Designee- Commissioner, PREA Compliance Officer, and facility Superintendent and Coordinator confirmed the duties and responsibilities for the facility and investigative staff have received all required training. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA Education and Training, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404, Health and Safety Services, Health Assessment and Physical Examination, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 404, Health and Safety Services, Health Assessment and Physical Examination, dated January 19, 217
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Medical Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health
- Medical Nurse Contractor DJJ Acknowledgment of Phase 1 and 6 PREA Training
- Volunteer/Intern Acknowledgement of Phase 1 PREA Training
- PREA Coordinator Phase 1 Training- Introduction to PREA Curriculum Guide Sheet
- Memorandum of Clarification

Interviews:

- Medical Nurses
- Mental Health Counselor
- Mental Health Psychiatrist
- SAFE/SANE Examiner

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section B requires DJJ staff, volunteers, interns, and contractors shall be responsible for being alert to signs of situations in which sexual abuse, sexual harassment, sexual contact, or any sexual misconduct may occur. C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows the guidelines set forth in policy 906.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the training elements #1-10 in standard 115.331 and Phase 6: Medical and Mental Health Staff, modules 1-4 training. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA

Education and Training follows the guidelines set forth in policy 911. The agency provided staff verification of the specialized training from the four (4) administrators completed the requires Phase 1 and 6 PREA training to include the specialized training for medical and mental health practitioners. The form, Medical Contractor DJJ Acknowledgement of Phase 1 and 6 Training: Medical and Mental Health were provided noting staff attendance, participation, and acknowledgment of understanding the presented materials. The facility Superintendent submitted a memorandum of clarification listing the medical and mental health staff and contracted staff that visit our facility which includes one contracted nurse, a mental health counselor, a contracted psychiatrist, and a regional nurse.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, requires DJJ health care personnel be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 408.1, Health and Safety Services, Forensic Information follows the guidelines set forth in policy 911. The medical staff at Ashland Group Home do not conduct forensic examinations. Forensic exams are completed by The King's Daughters Medical Center which provides twenty-four (24) hour crisis intervention services for victims of sexual assault. The SAFE/SANE Examiner verified that Sexual Assault Nurse Examiners (SAFE) have received extensive training that follows the Forensic Nurse Guidelines. A memorandum was obtained from the agency PREA Compliance Officer PREA indicating the agency medical staff in DJJ facilities do not conduct forensic examinations. Forensic examinations will be conduct at a medical facility that has a SANE, SAFE, and/or qualified medical practitioners.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404, Health and Safety Services, Health Assessment and Physical Examination, policy section requires a health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 404, Health and Safety Services, Health Assessment and Physical Examination follows the guidelines set forth in policy 404.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy were four (4) staff and completion percentage was 100%.

Interview Results:

- Interviews with the Medical Nurses, Mental Health Counselor, Mental Health Psychiatrist, Mental Health Counselor confirmed their understanding of the requirement to complete all training including specialized training, verified completing the course and participating in all training phases required by agency policy.
- The medical and mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why a resident should not take a shower and the necessity to preserve evidence. Based on the above

listed information, the agency meets the standard and complies with the standard for the relevant review period.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003
- The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment Procedures revised August 6, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- DJJ Ashland Group Home Progress Note
- Victimization and Sexual/Physical Aggression Screener, Justice and Public Safety Cabinet, DJJ
- Resident Reception Summary and Youth Acknowledgement
- Training Video and Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener
- Introduction Letter to begin using the Victimization and Sexual/Physical Aggression Screener

The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. B. The following staff may complete the vulnerability assessment: 1. The Superintendent or certified designee; 2. A counselor; 3. The Treatment Director; or 4. The Youth Service Program Supervisor (YSPS) or other staff in a group home. Section H. Each completed vulnerability assessment, with results, shall be placed in the hard case file of the juvenile.

Section C. The initial vulnerability assessment results shall have a second level review and verification by another staff person. Each Superintendent shall designate another staff person different from the staff person indicated in Section IV. B. of this policy for the second level review of the assessment. D. The screening tool shall ascertain the following information: 1. Prior sexual victimization or abuse; 2. Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning or queer, or intersex (LGBTQI); 3. Current charges and offense history; 4. Age; 5. Level of emotional and cognitive development; 6. Physical size and stature; 7. Mental illness or developmental disabilities; 8. Intellectual development; 9. Physical disabilities; 10. Resident's perception of vulnerabilities; and 11. Information to indicate heightened need for supervision or safety precautions, or separation from certain residents. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment follows the guidelines set in policy 905.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands.

Sections A. Admission criteria for residential programs shall be as set forth in DJJPP Chapter 2. B. The referring agent shall provide the program superintendent or designee appropriate information on each youth at the time of referral for admission into the program. The following information shall be included in the youth's Individual Client Record (ICR): 1. Identifying data: name, address, date of birth, sex, race, ethnicity, and origin; 2. Name of referring agency or committing authority and date of information gathered; 3. Reason for referral, legal status, and legal aspects of the case including jurisdiction, length, and conditions of placement; 4. Probation, commitment, or sentencing order; 5. Legal history and prior placements; 6. Social history; 7. Religious declaration; 8. Recreational preferences and needs assessment; 9. Education and school history, including vocational interests and experience; 10. Psychological evaluation, including intellectual assessment; 11. Special medical, dental, substance abuse, or mental health problems or needs; 12. Housing unit assignment which requires separate sleeping rooms for males and females; 13. Staff recommendations or concerns; and 14. Whom to notify in case of emergency.

Section C. At the time of admission, medical, dental, and mental health screening shall be conducted in accordance with DJJPP Chapter 4 (Admission Screening for Physical and Behavioral Health Challenges). Staff shall be informed of any special needs of the youth, to include physical or mental health problems that may require medical attention. D. Staff shall be trained in proper screening techniques. E. Staff shall provide the individual being screened with a verbal overview of the procedure intended to be used. F. General Screening Procedures 1. Staff shall be trained in screening techniques designed to protect persons involved and preserve evidence. 2. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items.

G. Screenings 1. Initial Health Screening, a. Only health trained staff shall conduct the initial health screening. b. If possible, two (2) staff that are the same gender as the youth shall conduct the initial health

screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. c. Staff shall direct the youth to the designated private location, outside of the view of other staff and residents. d. Staff shall direct youth to remove all personal clothing and items and dress in facility supplied tank tops and boxer shorts. e. Staff shall instruct the youth to verbally indicate the location of any scars, bruises, birthmarks, tattoos, or any other marks known. h. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug use shall be documented. f. Health trained staff shall review the body identification section of the Initial Health screening in accordance with DJJPP Chapter 4. 2. Ectoparasite Screening, Staff shall follow procedures in DJJPP Chapter 4 (Ectoparasite Control). If the delousing procedure is to be conducted: a. Staff conducting the ectoparasite screening shall be the same gender as the youth. When possible, two (2) staff shall conduct the screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. b. Staff shall provide the youth with towel, washcloth, and state issued clothing to put on after the youth showers. 3. Human Trafficking Screening a. Human trafficking screening shall be conducted for every youth following completion of the Individual Treatment Plan (ITP) but no later than 30 days after admission. b. If the youth scores a yes for any item on the screening tool or self-reports anytime thereafter, the staff conducting the screening or receiving the report shall: i. Immediately notify the Cabinet for Health and Family Services via the Child Protective Services hotline at 1-877-KYSAFE1 or the Kentucky Online Child/Adult Protective Services Reporting System at <https://prd.chfs.ky.gov/ReportAbuse/home.aspx>;

ii. Email notification to the youth's attorney no later than the next business day; iii. If the youth is a resident of or has resided in another state or country within the last year, call the National Human Trafficking Hotline at 1-888-373-7888 and notify the DJJ Interstate Compact Office; iv. If the juvenile is a foreign national, contact the Catholic Charities of Louisville at 502-974-4947 to request assistance with an eligibility letter and coordinating support services; and v. Up-line to the next line supervisor and DJJ Office of Legal Services. c. A copy of the screening shall be maintained in the juvenile's ICR. d. If the youth is a victim of human trafficking and remains committed to the Department, the juvenile shall receive appropriate treatment services. 4. PREA vulnerability assessment shall be completed as set forth in DJJPP Chapter 9 Prison Rape Elimination Act of 2003 (PREA). 5. Mental health screening shall be completed within twenty-four (24) hours of admission as set forth in DJJPP Chapter 4 (Mental Health Assessments).

Section H. Each program admission shall include the following: 1. Receiving ongoing treatment work for the youth, if applicable; 2. Receiving and verifying current prescribed medications for the youth; 3. Photographing the youth; 4. Conducting a search of the youth and their accompanying possessions; 5. Completing identifying data sections of the Wanted Absconder Notice and Cancellation form; 6. Inventorying of personal property and assigning a property number, if necessary. Items that are inappropriate for possession and clothes that are deemed inappropriate to wear shall be stored or returned to the parent or caregiver; 7. Assigning a specific staff member for treatment planning and counseling duties; 8. Documenting receipt of both verbal and written explanation of: a. Youth rights; b. Duties and responsibilities; c. The right to file a grievance, as well as the location of the grievance documentation; d. Information regarding the prevention of sexual abuse and sexual assault; e. The purpose of drug screens,

the consequences of positive test results, and the consequences of failure or refusal to cooperate by providing a specimen; and f. Procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is perceived to have been harmed or threatened with harm; 9. Documenting receipt of both verbal and written notice that a youthful offender (YO) may be transferred to the Department of Corrections (DOC) by the sentencing circuit court if the youth has been aggressive, escaped, or caused serious disruption to the program; 10. Providing written orientation materials to the youth and parent or caregiver; 11. Providing showering and hair care, if necessary; 12. Issuing personal hygiene articles; 13. Issuing clean, laundered, and properly fitted clothing, as needed; 14. Assigning a housing unit and a brief tour of the unit; 15. Recording information to be used for mail, telephone contact, and visitation lists, as verified by the Juvenile Service Worker (JSW); and 16. Assisting youth in notifying their parent or caregiver of admission and procedures for mail and visiting.

Section I. Orientation shall be used to observe the youth's behavior and to identify needs. 1. Orientation shall include: a. Distributing written materials about the facility programs, rules and regulations, and tracks and shall not be impeded by isolation status. This shall occur within twenty-four (24) hours and receipt of the written materials shall be documented by a Resident Reception Summary and Youth Acknowledgment documentation signed and dated by the juvenile and staff; b. Discussing program goals, services, rules governing conduct, program rules, chargeable offenses, range of penalties, incentives for good behavior, and possible disciplinary actions. This shall occur within twenty-four (24) hours; c. Orientation may include informal classes; and d. A youth's Orientation Treatment Plan shall be written within seven (7) days of admission. The plan shall be in accordance with protocol approved by the program Treatment Director or Superintendent and shall be signed by the youth and the assigned youth counselor. 2. Each program shall provide foreign language interpretation of orientation materials for both youth and parent or caregiver when a language barrier exists; 3. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed; and 4. Completion of orientation shall be documented by a signed and dated statement by the youth.

J. During orientation youth shall be enrolled in the education program, provided reading materials, be permitted to attend religious services, receive exercise on the same schedule as the general population, have contact with a parent or caregiver, and perform work assignments with their assigned group.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, sections F. Each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/Security Form as a condition of employment or service. G. Staff shall respect and protect the right of the public to be safeguarded from criminal activity. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, policy section requires the Department of Juvenile Justice to protect the privacy of individually identifiable health information in

compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, section A. Overall authority and responsibility for information systems in DJJ shall be assigned to the Division of Administrative Services, Information Systems (IS) Branch. B. Information systems shall include youth record management programs and any other application that is designed to maintain information on Department functions. The design and format of the information system shall be the sole responsibility of the IS Branch and shall be based on current technology, overall usability, and best practices for similar types of systems. D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. F. Youth records maintained in the data system shall be maintained according to the DJJ Records Retention Schedule.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, policy section requires the Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR) established for each youth. ICR management shall include the establishment, use and content of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records. Section A. All juvenile records shall be clearly marked "Confidential". B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file. C. An ICR shall be maintained for each juvenile according to the following outline. Information in each section shall be filed in chronological order, except where otherwise noted. Any information

Section D. All youth records shall be kept in locked file cabinets which are marked "Confidential". When staff remove youth records from the file room it shall be documented on the sign-in and sign-out sheet. E. When youth records are in staff offices, they shall be either under the direct control of the assigned staff or placed out of sight of youth or public who may be in the office. F. ICR's shall be secured under lock at the end of each working day. Section K. Electronic Running Record 1. Individual, family, and group counseling sessions shall be documented in the electronic running record. 2. Contact with the family or others shall be documented in the electronic running record as deemed necessary by the Treatment Director or Superintendent. 3. The format and content of the electronic running record shall be determined by the Chief of Mental Health Services. 4. The printing or release of the electronic running record shall be consistent with DJJ policy. 5. Each entry, into the electronic running record, shall be completed within seven (7) days of the contact. 6. Entries shall be in chronological order by date of service. 7. Entries shall include: a. Name of the recorder, title, and facility or program; and b. Factual information and a professional assessment. The personal opinion or feelings of the youth counselor or treatment staff involved in the treatment or supervision of the youth shall not be documented in the electronic record.

The Intake staff, either the facility Superintendent and PREA Coordinator conduct an interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of Sexual Abuse by

or upon a juvenile. The agency and facility use Victimization and Sexual/Physical Aggression Screener instrument. At a minimum, Ashland Group Home is required to attempt to ascertain information about: prior Sexual victimization or abusiveness; any gender nonconforming appearance or mannerisms, or self-identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile's own perception of vulnerability; and; any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles. Information is ascertained through conversations with the resident during the intake process and medical health screening and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file.

Of great significance, in 2016 the agency contracted with the University of Kentucky College of Education, participating in an evaluation project in updating the screening tool. The project included revamping the screening tool, providing orientation steps for implementation, developed a quick user guide and video on how to administer the VSPA-S, screener instrument. Based on the interviews with intake staff, they are very knowledgeable in the screening process and housing and programming assignments.

Resident file review verified the facility administration meets with the resident within 24 hours of admission, exceeding the standard within 72 hours and show re-assessments taking place on a quarterly basis. Also, at intake, administrative (intake) staff review in detail the resident reception summary and youth acknowledgement form. The agency policy and facility practice require that the resident's risk level be reassessed periodically throughout the resident confinement. Risk reassessments are documented using the Victimization and Sexual/Physical Aggression Screener instrument. Also, at intake, administrative (intake) staff review in detail the resident reception summary and youth acknowledgement form and note the details on every resident DJJ Ashland Group Home Progress Note form. The reviewed documents contained all information required by the standards. Copies of youth assessments and reassessments were also provided and reviewed. The facility's policies limit staff access to this information on a "need to know basis."

KDJJ ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. This information is contained in resident folders, which are stored in the office and locked and are thus located in a secure area not accessible by other residents and staff.

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Intake Staff
- Staff that perform Screening for Risk of Victimization and Abusiveness

- Mental Health Staff
- Random Staff
- Random and Targeted Residents

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was eight (8).

Interview Results:

- With regards to youth screening questions (115.341 and 342), all residents interviewed were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. All interviewed residents remembered being asked the questions at Intake. The auditor asked if staff ever asked the screening questions again and, all five residents indicated they have been asked the question more than one time.
- The auditor interviewed Intake Staff and asked if staff could walk him through the intake process. The Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the resident handbook, orientation/assessment, resident education Acknowledgment of Understanding forms, consent to disclose abuse, resident rights, mental health referrals. In addition to the procedure for residents who report incidents of sexual abuse, and the rights to be free from sexual abuse and free from retaliation. The Intake staff further stated that all residents who enter the facility receive the information and are made aware of their rights within 24 hours of admission. Record sample indicated intake requirements were met within the twenty-four-hour time frame.
- Staff who performed the Victimization and Sexual/Physical Aggression Screener instrument stated that residents admitted to the facility are screened for risk of victimization and abusiveness and expressed knowledge on what the initial risk screening considers and the process for conducting the initial screening. The staff articulated the rationale with obtaining certain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender, and intersex, and whether the resident may therefore be vulnerable to sexual abuse.
- Resident file records were reviewed and indicated residents are screened within the required timeframes and were re-assessed for risk of vulnerability and aggressiveness based on reporting sexual abuse. The two residents who disclosed prior sexual victimization reported they disclosed during the intake process and were seen by the appropriate medical and mental health. They further indicating this vulnerability to facility administrators and were housed according to policy and the standard.

Based on the above listed information, the articulation of intake staff knowing all aspects of the screening process, and with the thorough outlining of this in numerous policies, procedures and updating the screening process, the agency and facility exceeds the standard for the relevant review period.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003
- The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment Procedures revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019
- Memorandum of Clarification
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- DJJ Ashland Group Home Progress Note
- Facility Logbook Staff Note regarding bed assignment
- Ashland Group Home Room/Bed Assignment/Change Form
- Victimization and Sexual/Physical Aggression Screener, Justice and Public Safety Cabinet, DJJ
- Justice and Public Safety Cabinet, DJJ
- Resident Reception Summary and Youth Acknowledgement
- Training Video and Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener
- Introduction Letter to begin using the Victimization and Sexual/Physical Aggression Screener

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Staff who Supervise residents in Isolation
- Staff that perform Screening for Risk of Victimization and Abusiveness
- Mental Health Staff
- Intake Staff

- Medical Staff
- Random Residents
- Transgender/Intersex/Gay/Lesbian/Bisexual Residents
- Residents in Isolation

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, sections E. Information obtained from the screening shall be used in determining housing, bed, education, program, and work assignments in accordance with 28 C.F.R. 115.342. F. A juvenile shall not be given a housing assignment based solely on being identified as LGBTQI or sexually abused. LGBTQI residents shall not be isolated solely because of sexual orientation but may be housed in a single room if the vulnerability assessment result is determined to be high risk. A memorandum of clarification was provided by the facility Superintendent advising that Ashland Group Home had a youth who identified as gay during this review period. The examples of his intake documents, VSPA Screener and follow up quarterly VSPA do not fit in the timeline for this audit cycle, but this youth was a resident at our facility until November 2019 and was released before his next quarterly VSPA screener. The resident's file was provided to the auditor and verified compliance. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment Procedures follows the guidelines in policy 905.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation follows the guidelines in policy 908.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, sections G. Each treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. 1. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to

implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

Section H. A youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management follows agency policy 318.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, Section 4 A. states the following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: 2. Sexual Assault or attempted sexual assault; B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. D. An extension of an isolation placement beyond four (4) hours shall require the approval of the Superintendent, not to exceed twenty-four (24) hours. F. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). I. Upon placement of a youth in isolation, staff shall immediately develop and write a plan for the release of the youth from isolation.

Section E. The purpose for any extension beyond (4) hours shall be documented in the youth's Individual Client Record (ICR). F. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). G. An extension of an isolation placement beyond thirty-six (36) hours and up to a maximum time of (48) hours shall require the approval of the respective Division Director and the Chief of Mental Health Services. H. Special instances may occur where a youth who has caused injury to another youth or staff or extensive property damage and continues to make threats of harm to youth or staff or cause extensive property damage may require isolation for more than forty-eight (48) hours. The respective Division Director shall be

the authority for extending isolation beyond forty-eight (48) hours. The Superintendent, the Assistant Superintendent, or Youth Service Program Supervisor (YSPS) shall contact the Division Director for approval of an extension. The Division Director shall consult with the Chief of Mental Health Services about an extension past forty-eight (48) hours. I. Upon placement of a youth in isolation, staff shall immediately develop and write a plan for the release of the youth from isolation.

1. The plan for release shall: a. State the reason for the isolation placement; b. State the behavioral expectations required for the youth to obtain release from isolation placement; c. Be explained to the youth by staff; and d. Be signed by staff and youth to acknowledge receipt of the documents. Youth who refuses to sign shall have the information presented orally by a non-involved staff member and witnessed by a third party. 2. When the youth is under reasonable control and demonstrating behavior in accordance with the terms of the plan for release, the youth shall be removed from isolation. 3. At a minimum, the following shall be taken into consideration in order for the youth to be released from isolation placement: a. The youth has regained control of their behavior; b. The youth is acting in accordance with the terms of their plan for release; and c. The youth is no longer a threat to the security, safety, or orderly management of the facility. 4. Staff shall notify the ADO or Superintendent when the youth is released from isolation.

Section J. A professional review shall be conducted by the youth counselor, the Treatment Director, Superintendent, Assistant Superintendent, or the Youth Services Program Supervisor (YSPS) for the purpose of counseling the youth. 1. The initial review shall be during the first four (4) hours the youth is in isolation and shall be conducted by staff not involved in the incident leading to the isolation placement. 2. Reviews shall take place every four (4) hours, or more frequently, to facilitate and assess the youth's progress in meeting the conditions of the plan for release. An isolation placement review shall be completed every twenty-four (24) hours by a staff member not involved in the incident. 3. During sleeping hours, the time between reviews shall not exceed ten (10) hours. 4. Staff conducting the professional review shall: a. Evaluate whether the initial and continued placement is necessary to meet treatment needs or immediate and short-term security needs; b. Review the progress of the youth toward the goals of the plan for release; and c. Authorize the release of the youth from isolation placement when appropriate. 5. The professional review documentation shall include: a. The name and title of the person conducting the review; b. The date and time the review was conducted; c. A summary of the review; d. Recommendations of the review; and e. Justification for step-down, if necessary. 5. Isolation shall not be used for protective custody. When protective custody is required, youth shall be moved to a safe location within the facility or the Department. A memorandum of clarifications completed by the facility Superintendent advised that Ashland Group Home does not have isolation housing nor does the facility contain any type of segregated housing. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 323, Program Services, Isolation follows the guidelines in policy 905.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA

vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands.

Sections A. Admission criteria for residential programs shall be as set forth in DJJPP Chapter 2. B. The referring agent shall provide the program superintendent or designee appropriate information on each youth at the time of referral for admission into the program. The following information shall be included in the youth's Individual Client Record (ICR): 1. Identifying data: name, address, date of birth, sex, race, ethnicity, and origin; 2. Name of referring agency or committing authority and date of information gathered; 3. Reason for referral, legal status, and legal aspects of the case including jurisdiction, length, and conditions of placement; 4. Probation, commitment, or sentencing order; 5. Legal history and prior placements; 6. Social history; 7. Religious declaration; 8. Recreational preferences and needs assessment; 9. Education and school history, including vocational interests and experience; 10. Psychological evaluation, including intellectual assessment; 11. Special medical, dental, substance abuse, or mental health problems or needs; 12. Housing unit assignment which requires separate sleeping rooms for males and females; 13. Staff recommendations or concerns; and 14. Whom to notify in case of emergency.

Section C. At the time of admission, medical, dental, and mental health screening shall be conducted in accordance with DJJPP Chapter 4 (Admission Screening for Physical and Behavioral Health Challenges). Staff shall be informed of any special needs of the youth, to include physical or mental health problems that may require medical attention. D. Staff shall be trained in proper screening techniques. E. Staff shall provide the individual being screened with a verbal overview of the procedure intended to be used. F. General Screening Procedures 1. Staff shall be trained in screening techniques designed to protect persons involved and preserve evidence. 2. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items.

G. Screenings 1. Initial Health Screening, a. Only health trained staff shall conduct the initial health screening. b. If possible, two (2) staff that are the same gender as the youth shall conduct the initial health screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. c. Staff shall direct the youth to the designated private location, outside of the view of other staff and residents. d. Staff shall direct youth to remove all personal clothing and items and dress in facility supplied tank tops and boxer shorts. e. Staff shall instruct the youth to verbally indicate the location of any scars, bruises, birthmarks, tattoos, or any other marks known. h. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug use shall be documented. f. Health trained staff shall review the body identification section of the Initial Health screening in accordance with DJJPP Chapter 4. 2. Ectoparasite Screening, Staff shall follow procedures in DJJPP Chapter 4 (Ectoparasite Control). If the delousing procedure is to be conducted: a. Staff conducting the ectoparasite screening shall be the same gender as the youth. When possible, two (2) staff shall conduct the screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. b. Staff shall provide the youth with towel, washcloth, and state issued clothing to put on after the youth showers. 3. Human Trafficking Screening a. Human trafficking screening shall be conducted for every youth following completion of the Individual Treatment

Plan (ITP) but no later than 30 days after admission. b. If the youth scores a yes for any item on the screening tool or self-reports anytime thereafter, the staff conducting the screening or receiving the report shall: i. Immediately notify the Cabinet for Health and Family Services via the Child Protective Services hotline at 1-877-KYSAFE1 or the Kentucky Online Child/Adult Protective Services Reporting System at <https://prd.chfs.ky.gov/ReportAbuse/home.aspx>;

ii. Email notification to the youth's attorney no later than the next business day; iii. If the youth is a resident of or has resided in another state or country within the last year, call the National Human Trafficking Hotline at 1-888-373-7888 and notify the DJJ Interstate Compact Office; iv. If the juvenile is a foreign national, contact the Catholic Charities of Louisville at 502-974-4947 to request assistance with an eligibility letter and coordinating support services; and v. Up-line to the next line supervisor and DJJ Office of Legal Services. c. A copy of the screening shall be maintained in the juvenile's ICR. d. If the youth is a victim of human trafficking and remains committed to the Department, the juvenile shall receive appropriate treatment services. 4. PREA vulnerability assessment shall be completed as set forth in DJJPP Chapter 9 Prison Rape Elimination Act of 2003 (PREA). 5. Mental health screening shall be completed within twenty-four (24) hours of admission as set forth in DJJPP Chapter 4 (Mental Health Assessments).

Section H. Each program admission shall include the following: 1. Receiving ongoing treatment work for the youth, if applicable; 2. Receiving and verifying current prescribed medications for the youth; 3. Photographing the youth; 4. Conducting a search of the youth and their accompanying possessions; 5. Completing identifying data sections of the Wanted Absconder Notice and Cancellation form; 6. Inventorying of personal property and assigning a property number, if necessary. Items that are inappropriate for possession and clothes that are deemed inappropriate to wear shall be stored or returned to the parent or caregiver; 7. Assigning a specific staff member for treatment planning and counseling duties; 8. Documenting receipt of both verbal and written explanation of: a. Youth rights; b. Duties and responsibilities; c. The right to file a grievance, as well as the location of the grievance documentation; d. Information regarding the prevention of sexual abuse and sexual assault; e. The purpose of drug screens, the consequences of positive test results, and the consequences of failure or refusal to cooperate by providing a specimen; and f. Procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is perceived to have been harmed or threatened with harm; 9. Documenting receipt of both verbal and written notice that a youthful offender (YO) may be transferred to the Department of Corrections (DOC) by the sentencing circuit court if the youth has been aggressive, escaped, or caused serious disruption to the program; 10. Providing written orientation materials to the youth and parent or caregiver; 11. Providing showering and hair care, if necessary; 12. Issuing personal hygiene articles; 13. Issuing clean, laundered, and properly fitted clothing, as needed; 14. Assigning a housing unit and a brief tour of the unit; 15. Recording information to be used for mail, telephone contact, and visitation lists, as verified by the Juvenile Service Worker (JSW); and 16. Assisting youth in notifying their parent or caregiver of admission and procedures for mail and visiting.

Section I. Orientation shall be used to observe the youth's behavior and to identify needs. 1. Orientation shall include: a. Distributing written materials about the facility programs, rules and regulations, and tracks and shall not be impeded by isolation status. This shall occur within twenty-four (24) hours and receipt of the written materials shall be documented by a Resident Reception Summary and Youth Acknowledgment

documentation signed and dated by the juvenile and staff; b. Discussing program goals, services, rules governing conduct, program rules, chargeable offenses, range of penalties, incentives for good behavior, and possible disciplinary actions. This shall occur within twenty-four (24) hours; c. Orientation may include informal classes; and d. A youth's Orientation Treatment Plan shall be written within seven (7) days of admission. The plan shall be in accordance with protocol approved by the program Treatment Director or Superintendent and shall be signed by the youth and the assigned youth counselor. 2. Each program shall provide foreign language interpretation of orientation materials for both youth and parent or caregiver when a language barrier exists; 3. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed; and 4. Completion of orientation shall be documented by a signed and dated statement by the youth.

J. During orientation youth shall be enrolled in the education program, provided reading materials, be permitted to attend religious services, receive exercise on the same schedule as the general population, have contact with a parent or caregiver, and perform work assignments with their assigned group.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, sections F. Each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/Security Form as a condition of employment or service. G. Staff shall respect and protect the right of the public to be safeguarded from criminal activity. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, policy section requires the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, section A. Overall authority and responsibility for information systems in DJJ shall be assigned to the Division of Administrative Services, Information Systems (IS) Branch. B. Information systems shall include youth record management programs and any other application that is designed to maintain information on Department functions. The design and format of the information system shall be the sole responsibility of the IS Branch and shall be based on current technology, overall usability, and best practices for similar types of systems. D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. F. Youth records maintained in the data system shall be maintained according to the DJJ Records Retention Schedule.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, policy section requires the Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR) established for each youth. ICR management shall include the establishment, use and content of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records. Section A. All juvenile records shall be clearly marked "Confidential". B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file. C. An ICR shall be maintained for each juvenile according to the following outline. Information in each section shall be filed in chronological order, except where otherwise noted. Any information

The facility Superintendent and PREA Coordinator confirmed the practice regarding placement of residents in housing, bed, program, education, and work assignments, the Ashland Group Home uses all information obtained pursuant to § 115.341 and subsequently uses the information to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The agency and facility use the Victimization and Sexual/Physical Aggression Screener instrument. The agency contracted with the University of Kentucky College of Education, participating in an evaluation project in updating the screening tool. The project included revamping the screening tool, providing orientation steps for implementation, developed a quick user guide and video on how to administer the VSPA-S, screener instrument.

The facility Superintendent and PREA Coordinator provided the auditor with the Ashland Group Home Room/Bed Assignment/Change Form details specific bedroom numbers, the resident's name and signature informing residents of their assigned bed placements. The second section of the form is completed only by the facility PREA Coordinator noting the date, resident's name and the type of alert based on the PREA the Victimization and Sexual/Physical Aggression Screener instrument results indicating a youth's assessment results identifying the resident as follows: Vulnerability to sexual victimization (VSV), Susceptibility to sexually aggressive behavior (SAB), Vulnerability to Physical Victimization (VPV) and Susceptibility to violent aggressive behavior (VAB). The results and planned interventions for the resident determines what bedroom a resident is placed if the resident is in a single or double assigned bedroom. While on-site, the auditor and PREA Coordinator verified all five resident bed and room assignments resulting all residents were properly placed according to the Room/Bed Assignment/Change Form and the placement of each resident. The form is updated when issues are presented and when newly admitted residents are placed at Ashland Group Home. Only the treatment team has the approve to re-assign resident's bed placement and assignments.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- The interviews with the PREA Compliance Officer, facility PREA Coordinator, Intake Staff, and staff performing risk screenings indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents. Interviewed specialized staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment.
- Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues.
- Documents confirming compliance, the auditor reviewed resident files identifying among others the DJJ Ashland Group Home Progress Notes indicating bed and programming assignments, the Ashland Group Home Room/Bed Assignment/Change Form, Victimization and Sexual/Physical Aggression Screener, and Resident Reception Summary and Youth Acknowledgement.

Based on the above listed information, the articulation of intake staff knowing all aspects of the screening process, the accuracy and knowledge about housing placements and assignments, and with the thorough outlining of this in numerous policies, procedures and updating the screening process, the agency and facility exceeds the standard for the relevant review period.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, Administration, Reporting of Special Incidents, dated August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Program Services, Programs and Services, dated April 5, 2019

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 310, Program Services, Programs and Services, April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Youth Education Curriculum Guide
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Memorandum of Clarification
- KDJJ Website for Reporting Information
- Grievance Form
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- PREA Acknowledgement of Phase 1 PREA Training
- PREA Acknowledgement of New Hire Orientation PREA Training

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Ombudsman
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

Section A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Compliance Officer whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner.

E. Juveniles shall have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual misconduct to a staff member or the IIB hotline. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline. N. DJJ shall provide general information regarding PREA pursuant with the Kentucky Open Records Act. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations complies with policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section A. DJJ staff shall be responsible for providing juveniles with age-appropriate information and

documentation explaining: 1. The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; 2. How to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. Section K. Juveniles shall have access to the IIB hotline telephone to report an incident, allegation, or complaint. In a facility that does not have a direct access to the IIB hotline juveniles shall be permitted to use a facility telephone. The 1-800 IIB hotline number shall be clearly posted. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, follows the guidelines in policy 907.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections C. Youth shall have access to the communication media through written requests or through media visits. All requests shall be subject only to the limitations necessary to maintain order and security and to protect the youth's rights, or as provided by law. Requests for media contact shall be acted upon in accordance with DJJPP Chapter 1 (News Media Contacts). Section H. Youth shall be treated in a humane manner and shall have the right to be protected from exploitation, neglect, and physical, sexual, and emotional abuse. This shall include corporal punishment, intentional injury, use of intimidation, threatening, or abusive language toward the youth, either verbally, in writing, or by gesture. Any suspected abuse or neglect of youth shall be reported in accordance with KRS 620.030 and DJJPP Chapter 1 (Staff Code of Ethics). Section BB. Youth in Day Treatment shall have access to a telephone to initiate and receive emergency personal calls. Youth in detention shall have the right to make successful contact with family members, attorneys, or other approved individuals during the admission process. Each youth in group homes, residential and detention programs shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and maintain contact with attorneys. CC. Youth shall have the right to report any problems or complaints without fear of reprisal. There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights follows agency policy 205.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A reads, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development

and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, Administration, Reporting of Special Incidents follows the policy 140.

The Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws requires all staff who become knowledgeable or reasonable cause that a youth was abused or neglected must file a report with the local law enforcement or the Department of Kentucky State Police within 48 hours. The Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet specifies which agencies are required to make a report to include the Department of Juvenile Justice staff. The Kentucky Revised Statutes (KRS) 500 KAR 13:020, Office of Investigations, establishes procedures for investigations by the Office of Investigations.

The auditor contacted a multitude number of community advocate organizations such as Just Detention International, Kentucky Sexual Assault Kentucky Association of Sexual Assault Programs (KASAP), Pathway's Inc, and the Kentucky State Police to inquire if that agency or facility had received any information regarding the facility. A check of their records at the four organizations showed no complaints on file regarding the parent agency, KDJJ or facility.

All Interviewed residents indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the IIB 1-800 call number, and the local social services agency. All residents explained they had unlimited and reasonable access to make a telephone call to report sexual abuse either through their attorney or parent and guardian.

The agency and facility use a wide array of resources to education residents on multiple ways to report sexual abuse and harassment, such as the Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook, documentation on the grievance process, youth education curriculum, acknowledgement forms, and agency/facility brochures and pamphlets. During the tour, posters and notices were observed throughout the facility and are designed with bright colors. They were eye-catching and give the five ways to report sexual abuse and harassments. Posters are placed throughout the facility, namely in the common and living, and programming areas. The resident grievance box is located on the second floor outside the Superintendent's office and is accessible to all residents. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the IIB hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing.

A test call was completed to the IIB 1-800 number and the investigator responded in an immediate time frame and he explained the reporting and investigating process when a resident reports sexual abuse and harassment.

The residents knowledge and understanding of all the ways they can make a report of sexual abuse was very impressive and emphasized the agency and facilities importance of resident sexual safety and taking significant seriousness to implementing the PREA standards both in policy, procedures, and applying into daily operations. It is very clear that implementation of the PREA standards have been established into practice for the past several years.

Memorandums of clarification from the facility Superintendent indicates residents are not detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security and that during the current review period there have been no circumstances where a youth made a verbal report of abuse or harassment to staff that required the report to be documented.

The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the PREA Hotline for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties. Staff The agency distributes publicly through the KDJJ website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the resident and the KDJJ policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. At the time of hire, staff complete the new hire orientation PREA training and sign the acknowledgment form. On a yearly basis, all staff receive refresher training to include methods to make a private report of sexual abuse or harassment such as calling the IIB hotline number by completing the Phase 1 PREA Training and sign the acknowledgement form indicating they understood the training. Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials who have a need to know to perform their duties. Persons who report sexual misconduct will be free from retaliation. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the IIB hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero (0).
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero (0). The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was zero (0).
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero (0).
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero (0).
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero (0).

Interview Results:

- All five (5) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment, and retaliation.
- The residents gave many ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties. All residents stated that they have more than two to three ways to report such as staff member they could trust to report sexual abuse, namely their counselor, Superintendent, and PREA Coordinator.
- Residents were aware of how to access the hotline. They also were knowledgeable of the grievance process and expressed no doubt or uncertainty that if they filed a grievance, the matter would be taken seriously and the matter would be resolved in a timely manner.
- Random staff were very knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment. All staff knew they were considered mandatory reporters and if they receive a report of sexual abuse, sexual harassment, or abuse they are required by state law to inform their supervisor and report the allegation to the appropriate agencies.

Based on the above listed information, specifically, the articulation of staff and residents knowing all aspects of the reporting processes, all ways to report sexual abuse and harassment, and with the thorough outlining of this in numerous policies, procedures, the agency and facility exceeds the standard for the relevant review period.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned

upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, Programs and Services, Grievance Procedure, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 209, Admissions, Youth Access to Outside Investigative Agencies, dated January 4, 2016
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Level Designee-Director
- PREA Coordinator
- Facility Superintendent
- Facility PREA Compliance Manager
- Agency Ombudsman

- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section F states if a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows the agency policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, sections A. and B reads, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet’s Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, Administration, Reporting of Special Incidents B. Special Incidents in Day Treatment Centers and Community Service Offices. Staff of the Department and contract programs who have knowledge of an alleged situation of abuse or neglect shall immediately make report to the local Department of Community Based Services (DCBS) office. This report shall be followed by completing the DSS-115, Report of Suspected Child Abuse or Neglect or Dependency and mailing it to the local DCBS office. DJJ staff filing the DSS-115 shall forward copy of the report to the DJJ Ombudsman.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, section H. Each program admission shall include the following: 10. Providing written orientation materials to the youth and parent or caregiver.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, Programs and Services, Grievance Procedure, policy section, requires youth shall be provided an internal grievance mechanism for complaints arising from institutional matters. D. Prior to filing a grievance, an effort shall be made to resolve the issue informally, without staff retaliation. A special incident shall not be handled informally or through the grievance process and shall be reported immediately to the Superintendent and the Internal Investigation Branch (IIB).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 209, Admissions, Youth Access to Outside Investigative Agencies, policy section, requires youth placed in Department of Juvenile Justice (DJJ) operated Day Treatment and residential facilities or contracted residential facilities shall have access to outside investigative agencies for the reporting of any act in which the health or welfare of a resident is harmed or threatened with harm by another youth or facility staff person. Section A. In accordance with KRS 15A.020 and 500 KAR 13:020, the Internal Investigations Branch (IIB) of the Justice and Public Safety Cabinet shall conduct investigations of all allegations of special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by or contracted with the Department of Juvenile Justice. Additionally, IIB may investigate allegations and incidents as outlined in 500 KAR 13:020. B. Accessing the IIB: 1. Upon admission, the Superintendent or designee shall inform each youth, both verbally and in writing, of procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is harmed or threatened with harm by a facility staff person. The youth shall sign acknowledging receipt of such procedures. This signed acknowledgement shall be placed in youth's record. 2. Telephones programmed to dial directly to the IIB shall be installed and kept in good working order in each residential facility. 3. A toll-free number for contacting the IIB shall be available and conspicuously posted in youth access areas of group homes and detention facilities. 4. Telephones shall be located in areas that provide maximum availability while preserving program scheduling and services. C. Youth involved in Day Treatment or any other community based DJJ program may also report allegations of special incidents to the Cabinet of Health and Family Services (CHFS) office.

The Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws requires all staff who become knowledgeable or reasonable cause that a youth was abused or neglected must file a report with the local law enforcement or the Department of Kentucky State Police within 48 hours. The Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet specifies which agencies are required to make a report to include the Department of Juvenile Justice staff. The Kentucky Revised Statutes (KRS) 500 KAR 13:020, Office of Investigations, establishes procedures for investigations by the Office of Investigations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections CC. Youth shall have the right to report any problems or complaints without fear of reprisal. There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal. DD. Youth who believe that their rights have been violated shall have the right to file a grievance as set forth in DJJPP Chapter 3 and 11 (Grievance Procedure) for youth in a day treatment, group home, or YDC or a service complaint as set forth in DJJPP Chapter 6 (Service Complaints) for youth in community or other placements.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, section A. requires DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Compliance Officer whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline. The facility Superintendent submitted a memorandum of clarification advising that during the current audit period there have been no occurrences of grievances alleging sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero (0).
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero (0).
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was zero (0).

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero (0).
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero (0).
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero (0).
- During the twelve-month period, the facility has not received any resident grievances.

Interview Results:

- According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- All 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 reporting or grievance boxes. All residents interviewed indicated they have not filed a grievance and know all grievances were handled in a timely manner, and without reprisal or threat of reprisal.
- During the intake and admissions, all residents receive a facility handbook and supplemental information on the grievance process. Residents acknowledge receipt by signing the appropriate form. All residents explained the process in detail and further stated they do not have a need to file a grievance mainly because their needs are being taken care of at the facility.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 132, Administration, Reporting of Special Incidents
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Prison Rape Elimination Act of 2003 (PREA), Facility Security Management, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 310, Facility Security Management, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Program Services, Programs and Services
- KDJJ and Kentucky Association of Sexual Assault Programs processes form
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, dated May 15, 2017
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, dated May 15, 2017
- Program Services, Programs and Services, dated April 5, 2019
- Youth Education Curriculum Guide
- Standard cover sheet

- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Memorandum of Clarification
- KDJJ Website for Reporting Information
- Grievance Form
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- PREA Acknowledgement of Phase 1 PREA Training
- PREA Acknowledgement of New Hire Orientation PREA Training
- KDJJ Visitor/Contract List Form
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Ashland Group Home Visitation Agreement
- KDJJ Telephone Call Log
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map

Interviews:

- Agency Level Designee-Commissioner
- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 10. If a Children's Advocacy Center is available, DJJ staff shall collaborate with the Children's Advocacy Center to provide care for victims. For youth in detention who have not been committed to DJJ, approval shall be obtained from the court. N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community

service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation will follow the guidelines set forth in policy 908.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section requires upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. A. Written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the youth. The following rights shall be afforded to all youth: A. Youth shall have the right of access to the courts and confidential contact with attorneys. Z. Youth shall have the right to receive visits, subject only to the limitations necessary to maintain order and security, or where visitation is determined by the treatment team to be detrimental to the youth's progress. Each program shall specify or designate day, time, and area for visitation. Procedures for visitation in group homes and youth development centers shall relate to treatment of the youth as specified in the treatment plan. Section AA. Youth in group homes, residential and detention programs shall have the right to send mail, excepting commercial enterprise ventures, and shall be provided up to five (5) postage stamps weekly, excluding legal correspondence and subject to any limitation contained in DJJPP Chapters 3 (Family and Community Contacts: Mail, Telephone, and Visitation) and 7 (Family and Community Contact). Youth shall not bear the cost of postage. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights the facility follows policy 205.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. requires each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services. Section B. Each YDC and group home shall provide or make arrangements for the provision of: 2. Psychiatric and ongoing mental health services. Section C. Staff shall utilize community resources as necessary, either through referral for service or by contractual agreement, to provide youth with services to meet their developmental needs. Provisions shall be made, as necessary, to assist youth and, when appropriate, their family in accessing services and community resources. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Program Services, Programs and Services follows policy 300.1.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section O. requires any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows the agency policy 903.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Program Services, Family and Community Contracts: Mail, Telephone, and Visitation, section B requires telephone use shall be provided as follows: 1. In a YDC and group home: a. Each youth shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and contact with attorneys. b. Youth shall have access to reasonably priced telephone services with rates and charges commensurate with those charged to the general public for like services. c. Youth, with hearing or speech disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment. d. Each facility shall develop SOPs that detail hours and location for telephone access, by youth, and a method for determining and providing notice to staff of approved callers for each youth. e. Procedures for access to the telephone may relate to the progress of the youth, as demonstrated by advancement through the level system, except calls to and from the youth's legal representative or juvenile service worker (JSW). f. Youth shall be permitted phone contact with a parent or caregiver no less than once per week, unless the Superintendent determines there is a threat to the maintenance of facility order, treatment, or security. g. Calls may be monitored, except those calls to and from the youth's legal representative. h. Each facility shall have provisions for transmitting messages to youth. 2. A day treatment program shall provide youth access to a telephone to initiate and receive emergency personal calls. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating policy number 310, Program Services, Family and Community Contracts: Mail, Telephone, and Visitation, the facility follows the guidelines set forth in policy 310.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, IV. section A. requires youth shall have uncensored, confidential contact by telephone, in writing, or in person with their legal representative. The youth shall have the right to contact and visit with counsel. Program staff shall assist youth in making confidential contact with attorneys and authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits. B. Access to Legal Representation 1. Youth in DJJ operated and contracted programs shall have the right to consult with an attorney of their choice at a time reasonably convenient for all parties concerned, including management of the facility. 2. Upon admission to a youth development center (YDC), group home (GH), or regional juvenile detention center (RJDC) youth shall be informed both verbally and in writing of the method by which they may access a Department of Public Advocacy (DPA) attorney. This information shall also be contained in the youth's orientation handbook. Youth shall sign an acknowledgement form indicating receipt of this information. 3. A sign-up system shall be implemented in each YDC for youth who desire to speak with an attorney from DPA. 4. Attorneys shall not be permitted to conduct blanket interviews with youth not signed up for legal consultation. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials follows policy 121.

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are thirteen Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through the medical center. The SAFE/SANE examiner, a registered nurse from King's Daughter stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When King's Daughter Health System is notified of a sexual assault, they contact the local rape crisis center, Pathway's Inc. for a victim advocate to respond

in person to the health system. According to the victim advocate at Pathway's Inc. victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to King's Daughter Health System, the local SAFE/SANE hospital for the facility.

Furthermore, another resource available to the agency/facility is the Kentucky State Police. The Kentucky State Police would respond to the facility to initiate the criminal investigations and then dispatch a victim advocate works with the Kentucky State Police by making initial arrangements with the appropriate interviewer such as a state trooper or detective. The victim witness advocate attends the interview and follows up with the victim's guardian or family to articulate what was discussed in the interviews and update the family through the investigative process. Additional assistance is to provides any resources such as counseling and crime victim compensation.

If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the PREA Coordinator, this qualified staff member has is available to respond and provide victim advocate services should the need arise. To date, the staff member has not been utilized as Pathway's and the Kentucky State Police can provide victim advocate services. A memorandum of clarification was written by the facility Superintendent advising that during the current review period there have been no circumstances that required requests for victim advocacy services. The facility provided the Kentucky Sexual Assault SPOC list dated 2020 identifying the local rape crisis center and the victim advocate by name and contact information.

Interview Results:

- All five (5) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. All residents interviewed knew what kinds of services were available for dealing with sexual abuse, and remember received mailing addresses, and understood the information remains private and what is told to or listened to by someone else.
- Throughout their placement, all residents receive information in many formats, the Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male version, the Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish version.
- All five residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they would ever needed, knew what kinds of services were available, when they could speak with such services, and what is said remains private. All residents receive the Kentucky Association of Sexual Assault Programs (KASAP) Regional Map and the map is posted in

several locations within the facility. The auditor was very impressed on the resident's overall knowledge on this related topic.

- There were no residents at Ashland Group Home that reported sexual abuse or harassment allegations.

Based on the above listed information, the articulation of residents regarding outside counseling services, all information distributed to residents regarding this standard, with the thorough outlining of this in numerous policies and procedures the agency and facility exceeds the standard for the relevant review period.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018

- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual offense directed toward juveniles who are in the custody, care, and supervision of DJJ. Section A. requires all DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows the guidelines set forth in policy 906.

A memorandum of clarification was submitted by the Superintendent and Human Resources staff advising that Department of Juvenile Justice PREA reporting information is available through the DJJ website (<http://djj.ky.gov>). This information along with facility contact information is also shared with residents and parents/guardians during the admission process. Letters are sent with facility and program information to the family to explain the reporting process.

An additional memorandum of clarification was submitted by the agency PREA Compliance Officer stating the Department of Juvenile Justice distributes information on how to report sexual abuse and sexual harassment on behalf of the residents we serve through a web site that is maintained by the agency. The information provided is the hotline number that is used by the agency which is a direct line to the investigating entity for the Department of Juvenile Justice. Additional information is provided via information flyers, brochures, posters, and facility resident handbooks that are made available to the public.

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff
- Random Residents

Based on resident interviews, their knowledge on third party reporting was above satisfactory. Residents and random staff knew how third-party reporting operates and gave at least two examples such as the IIB hotline, tell a parent, attorneys, or case workers, and aware of information published by the facility. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA Education and Training, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Ashland Group Home Sexual Assault First Responder Plan

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff
- Medical and Mental Health Staff
- Intake Staff

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. B. Special Incidents in Day Treatment Centers and Community Service Offices. Staff of the Department and contract programs who have knowledge of an alleged situation of abuse or neglect shall immediately make report to the local Department of Community Based Services (DCBS) office. This report shall be followed by completing the DSS-115, Report of Suspected

Child Abuse or Neglect or Dependency and mailing it to the local DCBS office. DJJ staff filing the DSS-115 shall forward copy of the report to the DJJ Ombudsman.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures. Section A. states that events involving youth which compromise the health, safety, or security of youth, staff, or any other individual, or the orderly management of the facility shall be considered incidents. The following situations shall constitute an incident: 4. Sexual assault or attempted sexual assault, involving physical contact of: a. Youth on youth; b. Youth on staff; c. Staff on youth; or d. Youth on other; 5. Inappropriate sexual behavior or sexual harassment: a. Youth on youth; b. Youth on staff; c. Staff on youth or d. Youth on other.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, sections C,D,G states C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. G. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation. Staff who violate this policy shall be subject to disciplinary action up to and including dismissal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations complies with policy 906.

Review Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B and D, states B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a

report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, follows the guidelines in policy 908. The Ashland Group Home Sexual Assault First Responder Plan is available for staff reference in paper and database forms located in the staff office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. All random staff interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the youth. The following rights shall be afforded to all youth: E. Confidentiality of the youth's record shall be maintained as provided by statutes and department policy (Reference KRS 610.320, 610.340 and 635.120).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section F. requires each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/Security Form as a condition of employment or service. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, section A. requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on: 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA Education and Training complies with guidelines in policy 911.

Interview Results:

- All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interviewed Medical and Mental Health and Intake staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual

harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. The facility Superintendent submitted a memorandum of clarification that there have been no instances of sexual abuse during this audit period. However, if medical or mental health practitioners discover sexual abuse or allegations they are required to report to supervisors and officials in accordance with policy. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification

Interviews:

- Agency Commissioner
- PREA Compliance Officer
- facility Superintendent
- facility PREA Coordinator
- Random Staff

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section B, C, F requires if any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation follows the guidelines set forth in policy 908.

The Ashland Group Home Sexual Assault First Responder Plan facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The plan clearly details the duties and responsibilities assigned to all professional and outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. The facility Superintendent submitted a memorandum of clarification and advised that there have been no instances in which a resident was at substantial risk of imminent sexual assault during this review period. All residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0.
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: Immediately. The longest time passed (in hours or days) before taking action: Immediately.

Interview Results:

- Interview with the agency Commissioner, PREA Compliance Officer, facility Superintendent, facility PREA Coordinator, Random Staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and

security of all residents. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 102, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Random Staff

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section A.1. requires if a facility staff is witness to or hears about a juvenile making inappropriate sexual comments, the staff shall advise the juvenile that comments of a sexual nature are prohibited and that sanctions shall be put in place if the behavior does not stop. If a pattern of inappropriate communication continues by the juvenile, the staff or the juvenile shall report this conduct to the Internal Investigations Branch (IIB) hotline. Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility

or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows the guidelines in policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section D requires if a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, follows the guidelines in policy 908.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. 1, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, DJJ Response to a Report of a PREA Violation follows policy 140.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section H. requires staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 102, DJJ Response to a Report of a PREA Violation follows the guidelines set forth in policy 102.

The facility Superintendent submitted a memorandum of clarification and advised that there have been no instances of sexual assault where a response by staff was necessary. However, if a response by staff was necessary, staff would follow the guidelines set forth in our Sexual Assault First Responder Plan and SOP 908: Safety and Security and First Responder Duty Plans of Action.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interviews with the Agency Designee- Commissioner, Agency PREA Compliance Officer, Facility Superintendent, Facility PREA Coordinator, Random Staff indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident, they will monitor that resident until investigation is completed. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated July 27, 2020
- Ashland Group Home Sexual Assault First Responder Plan

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Non-Security and Security Staff First Responders
- Random Staff
- Volunteers and Contractors

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, policy section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

The policy further states in section C, staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any

sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 3. The juvenile victim shall not be permitted to shower or otherwise clean themselves until they are examined by hospital emergency medical staff and cleared by the emergency medical facility to do so; 4. DJJ staff shall make contact with local Kentucky Association of Sexual Assault Programs (KASAP) to request a hospital advocate for the juvenile victim;

In section F. reads, if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 5. The juvenile victim of the sexual abuse or sexual assault shall be separated until they can be interviewed by law enforcement or law enforcement confirms that the juvenile victim does not need to be interviewed. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured.

Section G. states, if the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff and the juvenile shall be examined by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized. H. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, sealing off the area may not be practical due to traffic, contamination, and use of the area. The Superintendent or Regional Director shall consult with IIB to determine what areas to close and what evidence to collect. I. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, transportation to an emergency medical facility shall be at the discretion of the facility medical staff, in consultation with the Superintendent and the Division Director of Medical Services.

All facility staff are trained on first responder security protocols - all non-direct care staff who may receive a disclosure are trained to immediately inform a security staff of the PREA allegation. Those staff designated as non-security staff members such as volunteers, interns, and contractors, acknowledge and understand they inform a security staff that is posted within the immediate area. The Ashland Group Home Sexual Assault First Responder Plan is available for staff reference in paper and database forms located in the staff

office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. All random staff interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures.

A memorandum of clarification dated July 27, 2020, written by the facility Superintendent, and confirmed by the facility PREA Coordinator, during the current audit period there have been no occurrences of allegations that required response by first responders.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused: zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: zero (0).
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0).
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: zero (0).
- Of these allegations in the past twelve months, the number of times the first security staff member requested that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating: zero (0).
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: zero (0).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: zero (0).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member: zero (0).
- Requested that the alleged victim not take any actions that could destroy physical evidence.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0).

Interview Results:

- All random staff interviewed could confidently indicate the action steps identified in the policies and procedures and were very knowledgeable of their responsibilities and duties as first responders. All volunteers and contractors interviewed were aware of their non-security related duties and action steps to immediately inform security staff providing direct supervision of residents.

- There were no residents who reported sexual abuse over the past twelve months as well as the past three years at Ashland Group Home.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated July 27, 2020
- Ashland Group Home Sexual Assault First Responder Plan

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, policy section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, pages 1-4, requires the Ashland Group Home shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual offense directed toward juveniles who are in the custody, care, and supervision of AGH.

The Ashland Group Home Sexual Assault First Responder Plan facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The plan clearly details the duties and responsibilities assigned to all professional and outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation.

Interview Results:

- Interviews with the PREA Compliance Officer, facility Superintendent, PREA Coordinator, and random staff indicated the facility has a very detailed system in place providing the staff with clear actions to be taken by each discipline for accessing; contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and a number of other individuals.
- All staff interviewed were asked where the coordinated response plan was in designated areas which were strategically placed throughout the facility.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky revised statutes KRS 336.130
- Memorandum from the KDJJ Commissioner

Interviews:

- Agency Designee- Commissioner
- PREA Compliance Officer

After review of the Kentucky revised statutes KRS 336.130, to maximize individual freedom of choice in the pursuit of employment and to encourage an employment climate conducive to economic growth, that the right to work shall not be subject to undue restraint or coercion. The right to work shall not be infringed or restricted in any way based on membership in, affiliation with, or financial support of a labor organization or on refusal to join, affiliate with, or financially or otherwise support a labor organization.

Interview Results:

- The Agency Designee-Commissioner and PREA Compliance Officer explained that Kentucky is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees.
- According to the agency Commissioner and PREA Compliance Officer indicated there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated July 27, 2020

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section G. states that DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation. Staff who violate this policy shall be subject to disciplinary action up to and including dismissal.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type.

Section F. requires within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile.

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section 4. J. requires after an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff. 1. Facility staff shall be designated to monitor for retaliatory behavior or actions. 2. Facility staff shall use protective measures, such as changes in residential housing for juvenile victims, transfer of juveniles to other facilities, and change of work assignments for alleged staff. 3. Facility staff shall provide emotional support for juveniles and staff, who fear retaliation from reporting sexual abuse, sexual harassment, sexual contact, or any sexual misconduct through residential counseling and the Kentucky Employee Assistance Program (KEAP). 4. Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits changes that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. 5. Juvenile disciplinary reports, housing assignments, facility staff reassignments, program changes, and any negative performance reviews of facility staff involved in the allegation shall be monitored for indications of retaliation. 6. Monitoring shall continue beyond ninety (90) days if any indication of retaliation is noted. 7. The facility may terminate the monitoring process if through investigation it is determined that the allegations are unfounded.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section requires that upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. In Section 4.H., written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the youth. The following rights shall be afforded to all youth: H. Youth shall be treated in a humane manner and shall have the right to be protected from exploitation, neglect, and physical, sexual, and emotional abuse. This shall include corporal punishment, intentional injury, use of intimidation, threatening, or abusive language toward the youth, either verbally, in writing, or by gesture. Any suspected abuse or neglect of youth shall be reported in accordance with KRS 620.030 and DJJPP Chapter 1 (Staff Code of Ethics).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section requires the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have

knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation.

The facility PREA Coordinator is designated to monitor for retaliation as described in standard § 115.367. For at least 90 days following a report of sexual abuse or sexual harassment, the Facility PREA Coordinator shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. If someone other than the alleged victim reported abuse, the Facility PCMs shall monitor the juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff, and shall act promptly to remedy any such retaliation. If retaliation against staff by other staff is suspected, the Facility PCM shall communicate findings to the facility Superintendent and agency Compliance Officer.

In order to monitor retaliation related to the case of juveniles, such monitoring shall include: periodic status checks with the staff and/or juvenile, a review of any incident reports accumulated by the juvenile, a review of any sanctions against the juvenile, any housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring efforts shall be documented by the facility PREA Coordinator. The facility PREA Coordinator shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, KDJJ shall take appropriate measures to protect that individual against retaliation. Retaliation monitoring occurs in increments until at least 90 days following a report of sexual abuse and is documented on the KDJJ-Ashland Group Home Sexual Abuse/Harassment Retaliation Monitoring Form. The facility Superintendent provided a memorandum of clarification indicating that there have been no allegations of resident abuse during this review period, therefore no protective measures or monitoring for retaliation was necessary.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

The number of times an incident of retaliation occurred in the past 12 months was zero (0).

Interview Results:

- Interviews with the Commissioner, Agency PREA Compliance Officer, Facility Superintendent and PREA Coordinator indicated in cases of sexual abuse allegations, monitoring for retaliation begins immediately following a report and continues for a period of 90 days.
- There were no residents who reported sexual abuse during the past three years much less than the last twelve months.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, revised August 27, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, dated
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated July 27, 2020

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, page 2, section D. requires if a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018 follows all guidelines of DJJ 908.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, page 2, section E. requires information obtained from the screening shall be used in determining housing, bed, education, program, and work assignments in accordance with 28 C.F.R. 115.342. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment, revised August 6, 2018 follows all guidelines of DJJ 905.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, page 2, sections E,F,H,I,K requires KDJJ, LGBTQI juveniles shall not be placed in isolation or segregation as a means of keeping them safe from discrimination, harassment, or abuse. LGBTQI juveniles shall not be treated or classified as a juvenile sex offender (JSO) unless required by a court. F. Facility staff shall make housing decisions for all juveniles including transgender and intersex juveniles based on the individualized needs of a juvenile; and shall prioritize the emotional and physical safety of a juvenile, taking into account the perception of where they will be most secure, as well as any recommendations from the health care provider of the juvenile. H. DJJ shall provide transgender and intersex juveniles with safety and privacy when using the shower and bathroom and when dressing and undressing. I. DJJ staff shall not require transgender and intersex juveniles to shower or undress in front of other juveniles; and transgender juveniles shall be permitted to use single occupancy bathrooms and showers, if available. Such accommodation shall be provided in a sensitive manner. K. LGBTQI juveniles shall not participate in JSO treatment or counseling, unless required to do so by a court or as necessary to address sexually offending behaviors. L. The juvenile sex offender treatment program (JSOTP) shall not discriminate based on sexual orientation, gender expression, intersex condition, or gender identity and shall not criminalize LGBTQI identity. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, revised August 27, 2018 follows all guidelines of DJJ 912.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, policy section requires youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. Section A. state the

following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: 2. Sexual Assault or attempted sexual assault.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, pages 3,4, section H. states a youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, dated July 8, 2016 follows all guidelines of DJJ 912. The facility Superintendent provided a memorandum of clarification dated July 28, 2020 indicating that that Ashland Group Home does not have isolation housing nor does the facility contain any type of segregated housing.

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Staff

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: zero (0).
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: zero (0).
- The average period residents who allege to have suffered sexual abuse held in isolation to protect them from sexual victimization in the past 12 months: zero (0).

Interview Results:

- Interviews with the agency Commissioner, PREA Compliance Officer, facility Superintendent, and PREA Coordinator indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed.
- Specialized and random staff indicated that the alleged abuser would be moved to another room or another facility. Random residents and all staff interviewed stated they do not have any forms of isolation or segregated housing at the facility. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013

- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-002, dated December 11, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated May 21, 2013
- Memorandum of Clarification dated July 27, 2020
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Review of the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section 4 A. requires DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, Section E. requires if a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 7. The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, policy section requires when allegation of a special incident is substantiated, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any

point the alleged victim is determined to be at risk. Section A. states, 1. In situations where a staff member has evidence or reason to believe that a special incident has occurred, steps shall be taken to assure immediate report of the incident is made to the Internal Investigations Branch (IIB) in accordance with DJJPP 140.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section 4.H. requires staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section, requires the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation. Section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, policy section, states when allegation of a special incident is substantiated, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section A. requires in situations where a staff member has evidence or reason to believe that a special incident has occurred, steps shall be taken to assure immediate report of the incident is made to the Internal Investigations Branch (IIB) in accordance with DJJPP 140.

The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013 All allegations shall be evaluated on case by case basis to determine if the allegations are criminal in nature and should be submitted to law enforcement. Investigators shall be cognizant that allegations that are clearly criminal in nature shall be reported to the appropriate law enforcement agency. All allegations involving sexual contact between a staff member and a resident are criminal violations and shall be reported to law enforcement. (PREA 115.371). Once the law enforcement agency has been notified and agree to open an investigation, investigators shall not proceed with the investigation until the law enforcement agency or office management gives their approval. Communications concerning this approval shall be documented in the investigative report.

The investigator's primary concern in an incident that places the resident in imminent danger shall be the safety of the resident. In addition to this concern, the investigator should be cognizant of the need to preserve any evidence involving the incident. Authorities at the facility should be requested to document and preserve any evidence that was generated in the incident. Investigators shall document any and all action taken to protect the resident and preserve evidence. Allegations that do not indicate imminent danger to a facility resident shall be initiated within 72 hours from the receipt of the complaint. Investigators should be aware residents at detention facilities may be at the facility for only a short time and may be difficult to locate after their release.

When an investigator receives an allegation involving one of the DJJ detention centers, the investigator shall determine if the involved youth has been committed to DJJ. If the youth is not committed to DJJ, the allegation shall be referred to the Division of Community Based Services (DCBS). The purpose of the referral is for DCBS to be aware of the allegation and to determine if it meets their criteria to open an investigation. Regardless of the decision DCBS makes, this office will continue the investigation once it has been assigned. If DCBS does determine the allegation meets their criteria to investigate, the investigator should, whenever possible, coordinate with DCBS to prevent multiple interviews with the residents. If during the course of an investigation, the alleged offender is placed on administrative leave, that investigation will be given a higher priority. Investigations that possibly contain time sensitive material should also be given a higher priority.

The Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated May 21, 2013 13 Once an allegation is received that meets the criteria of sexual abuse of a DJJ committed youth by staff, the allegation shall be assigned for investigation and the investigation shall be conducted and documented in accordance to SOP IIB-001. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The investigation shall not be terminated solely because the source of the allegation recants the allegation. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. During the course of the investigation, an effort shall be made to determine whether staff actions or failure to act contributed to the abuse (Lack of Supervision). Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. IIB management shall complete specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. IIB shall maintain documentation that investigators have completed the required specialized training by the use of a power point presentation. All IIB investigators completed the basic investigation training which includes but is not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The facility Superintendent provided

a memorandum of clarification dated July 28, 2020 indicating that that Ashland Group Home does not have isolation housing nor does the facility contain any type of segregated housing.

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Administrative Investigators
- Ombudsman
- Residents who Report Sexual Abuse

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.
- There have been no reported investigations that appeared to be criminal and referred for prosecution according to state law of alleged facility staff or resident's inappropriate sexual behavior in the facility in the past twelve (12) months.

Interview Results:

- Interview with the Commissioner, PREA Compliance Officer, and facility Superintendent indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's office.
- The interviews with the two agency investigators and ombudsman who conduct administrative and investigations indicated when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Both investigators indicated they completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.
- The two (2) investigators indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigators cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigators indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The

documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

- When interviewed, the agency Commissioner, PREA Compliance Officer, Administrative Investigators, facility PREA Coordinator were knowledgeable with the standard related to administrative or criminal investigations. Based on the above listed information, the auditor determination is the facility meets the standard for the relevant review period.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee- Commissioner
- Administrative Investigator
- PREA Compliance Officer
- Facility PREA Coordinator

The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013, requires investigators shall make a finding to the investigation of the incident. The investigator may make a finding of Substantiated, Not Substantiated, Exonerated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). (PREA 115.372) The findings are defined as follows; (PREA 115.5) 1. Substantiated- means the incident occurred proven by an admission of the person responsible or by the preponderance of the evidence. 2. Not Substantiated- means there is insufficient evidence to determine if an incident occurred or if the accused was involved in the incident. 3. Exonerated- means the incident occurred, but the accused's actions were justified or proper. 4. Unfounded- means the charges are false or the employee was not involved in the incident. 5. Pending Further Investigation- means a critical witness or offender cannot be located or refuses to cooperate with the initial investigation, or there is other interference with the investigation, beyond the control of IIB, that prevents IIB from making a final determination for its finding.

Interview Results:

- Interviews with the Administrative Investigators confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. When there is evidence that a prosecutable crime has taken place, the IIB consults with prosecutors before conducting compelled interviews. The agency and facility meet the Standard and complies for the relevant rating period.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Memorandum of Clarification dated July 27, 2020
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Report of Investigative Outcome to Resident

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, dated March 9, 2018, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

Section J. requires the Department shall inform the resident in writing as to whether an allegation has been substantiated, not substantiated, unfounded, or exonerated. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. All notifications or attempted notifications shall be documented in the youth's individual client record (ICR).

1. If the alleged abuser is a staff member, the Department shall inform the resident victim (unless the agency has determined that the allegation is unfounded) when:
 - a. The staff member is no longer posted within the residents unit;
 - b. The staff member is no longer employed at the facility; or
 - c. The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.
2. If the alleged abuser is another resident, the Department shall inform the resident victim when:
 - a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility;
 - b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility; or
 - c. The abuser has been moved to another program or facility.

The agency designee-Commissioner and the PREA Compliance Officer, when the investigation is concluded and a determination is made, the office completes the report of investigative outcome to all residents.

The agency Commissioner and/or the PREA Compliance Manager of the Kentucky Department of Juvenile Justice completes the Report of Investigative Outcome to resident following a resident's allegation that another resident or staff member has committed sexual abuse against the resident. The resident (victim) who reported sexual abuse confirm receiving written notification and the letter was placed on the resident's file.

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section, the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, policy section, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures.

Section A. states that events involving youth which compromise the health, safety, or security of youth, staff, or any other individual, or the orderly management of the facility shall be considered incidents. The following situations shall constitute an incident: 4. Sexual assault or attempted sexual assault, involving physical contact of: a. Youth on youth; b. Youth on staff; c. Staff on youth; or d. Youth on other; 5. Inappropriate sexual behavior or sexual harassment: a. Youth on youth; b. Youth on staff; c. Staff on youth or d. Youth on other. B. The primary staff directly involved in an incident shall complete the incident report by the end of the shift.

The facility Superintendent provided a memorandum of clarification dated July 28, 2020 indicating that the Internal Investigative Branch within the Justice and Public Safety Cabinet conducts administrative investigations of sexual abuse. He also explained there were not incidents of sexual misconduct at the Ashland Group Home during the review period. There were no incidents of substantiated or unsubstantiated complaints of allegations of staff sexual abuse during this review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months were zero (0).
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were zero (0).
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0. The outside agency who conducts criminal investigation is the Kentucky State Police.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were 0.

Interview Results

- Interviews with the PREA Compliance Officer, the facility PREA Coordinator, and Administrative Investigators indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The agency and facility meet the Standard and is compliant for the relevant rating period.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Superintendent Memorandum of Clarification
- Standard Cover Sheets

Interviews:

- PREA Coordinator
- Administrative Investigators
- Facility Superintendent
- Facility PREA Compliance Manager
- Administrative Human Resource Manager

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, section 4. A requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 1. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA

violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). Section 4, Procedures, N. Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, policy section requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Section 4, Procedures, W. Abuse or other mistreatment of youth in the care or custody of the department shall not be tolerated. Staff abusing youth shall be subject to disciplinary action up to and including dismissal under 101 KAR 1:345. All persons suspected of abuse are subject to investigation and prosecution under all applicable laws. X. All persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. Z. All staff are prohibited from the following actions: 6. Entering into an intimate or romantic relationship or having sexual contact with an individual who is currently under the custody, care, or supervision of DJJ. (reference KRS 510.020 (3)(e) regarding consent); or 7. Having an intimate or romantic relationship with a juvenile that has been in the direct custody, care, and supervision of that employee or in a facility where the employee worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires Department staff are expected to comply with all work guidelines that are applicable to their respective job duties. Management staff are expected to teach and train their subordinate staff on relevant work guidelines and how to implement them. Section A. Department staff shall adhere to all work guidelines. Work guidelines shall include: 1. The Code of Federal Regulations (CFR); 2. Kentucky Revised Statutes (KRS); 3. Kentucky Administrative Regulations (KAR); 4. Department of Juvenile Justice Policies and Procedures (DJJPP); 5. General Directives (GD); and 6. Other management directives. B. Professional guidelines shall be considered work guidelines only when they are a part of professional licensure or certification that is required to perform a staff's assigned job duties.

Section C. General Guidelines for Management Responses to Work Guideline Violations 1. Supervisors shall conduct themselves with professionalism, integrity, and consistency. a. Supervisors shall not accept gifts or favors from subordinate staff, except in situations involving holiday exchanges, retirement, and in celebration of life events (e.g., birthday, marriage, new child). b. Supervisors shall not engage in romantic or sexual relationships with subordinate staff. c. Supervisors shall make decisions without consideration of personal relationships or other non-work-related factors including race, color, religion, national origin, sex,

age, disability, political affiliation, sexual orientation, gender identity, genetic information, or veteran's status. 2. A management response to work guideline violations shall be given only after deliberation, consultation with the next line supervisor, and with consideration of the following: a. Severity of the offense; b. Staff's level of experience; c. Staff's previous work history; d. Staff's capabilities and limitations; and e. Whether or not the offense resulted in harm to youth, another staff, or the general public. 3. Management responses shall be fair and consistent with the ultimate goal of helping the violating staff improve their work performance and avoiding a repetition of the violation. Coaching and verbal conferences shall be used, when appropriate, to provide positive feedback and assistance to staff.

Section D of the policy states, Request for Disciplinary Action Guidelines 1. Requests for Disciplinary Action shall be completed according to a format established by the Personnel Branch and approved by the Division Director of Administrative Services. 2. All Requests for Disciplinary Action shall: a. Include a detailed account of each work guideline violation; b. Contain all supporting documentation that supports the management contention that work guideline violations occurred; c. Include a complete listing of any previous disciplinary actions that have been taken against the staff; d. Include a complete listing of any current or completed documented verbal conferences and PIPs for the violating staff; and e. Include a written statement provided by the violating staff regarding the request for discipline. The written statement shall be signed by the violating staff and requesting Supervisor. If the violating staff fails to comply with the requirement of providing a written statement, the requesting supervisor shall note the failure to comply in the written request for discipline. A written statement shall be obtained from violating staff on leave immediately upon their return, if applicable. 3. The Supervisor requesting disciplinary action shall provide the violating staff a copy of the request and all supporting documentation at the time of the submission. 4. Supervisors may seek advice and counsel from management within their chain of command, the Office of Legal Counsel, Director of Administrative Services Division, or the Personnel Branch Manager. 5. Supervisors shall only discuss the details of a Request for Disciplinary Action within their chain of command, with the Personnel Branch, with the Director of Administrative Services Division, or with the Office of Legal Counsel. 6. Requests for Disciplinary Action shall be submitted through the chain of command to the Commissioner. a. Each request should be reviewed and approved by each level of management. Supervisors and each level of management may provide a recommendation regarding the recommended level of discipline to be issued based upon the submitted request. 7. A Request for Disciplinary Action shall not be considered pending discipline once the request has been approved by all levels of management.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, policy section, requires when allegation of a special incident is founded, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section B. FOUNDED INVESTIGATIONS 1. Upon receipt of a "founded" investigation from the Internal Investigations Branch (IIB) or the Department of Community Based Services (DCBS): a. The Commissioner shall provide copy of the founded report to the Executive Assistant to the Commissioner, the Deputy Commissioner, the Ombudsman, the Personnel Branch Manager, the Office of General Counsel and the appropriate Division Director. b. The Division Director shall FAX copy of the report immediately to the respective Regional Facilities Administrator (RFA) or Regional/Branch Manager. c. The RFA or Regional/Branch Manager and Superintendent or District Office Supervisor shall immediately determine a proposed Action Plan—Staff Disciplinary Response. d. The Action

Plan, with supporting justification, shall be faxed to the Personnel Branch Manager for response. The Personnel Branch manager shall access the Office of General Counsel and the Office of the Commissioner for consultation as needed. e. The Personnel Manager shall advise the RFA or Regional/Branch Manager of the approved Action Plan. f. The approved Action Plan, with appropriate disciplinary format, shall be forwarded immediately from the RFA or Regional/Branch Manager to the Division Director for approval. The Division Director shall then forward the plan to the Office of the Commissioner for signature and forwarding to the Personnel Branch Manager. The approved Action Plan shall be received by the Office of the Commissioner no later than fifteen (15) days from receipt of the substantiated investigation in the respective region. g. The approved disciplinary action, with appropriate letter to the employee, shall be forwarded to the Commissioner for review and signature by the Personnel Branch Manager no later than twenty-one (21) days from receipt of the founded investigation in the respective region. h. The Commissioner shall provide written notice of the disciplinary action to the Justice Cabinet Secretary, with copy to the Director of the Internal Investigations Branch, no later that thirty (30) days from receipt of founded investigation in the respective region. i. The Office of the Commissioner shall maintain log of all founded IIB and DCBS investigations to include: IIB or DCBS report number, perpetrator, victim, date received, date forwarded to region, date response due, date response received, disciplinary action taken and date of notice to the Justice Cabinet Secretary. 2. In those instances of founded special incidents where the perpetrating employee is terminated, the department shall defend the agency action pursuant to the employee's appeal before the Kentucky Personnel Board. Should the Personnel Board overturn the termination decision of the agency and order the employee's return to the department, the agency shall avoid placing the employee in a position directly interacting with youth pending any final review and/or appeal.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section O. requires any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was zero (0).
- In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was zero (0).

- The facility Superintendent submitted a Memorandum of Clarification regarding 115.376 b-1, advised that there have been no incidents of terminations, resignations, or sanctions of staff for violations of sexual abuse or harassment policies during this review period.

Interview Results

- Interviews with the PREA Compliance Officer, facility Superintendent, PREA Coordinator, Administrative Human Resources staff, and Administrative Investigator validated that technical knowledge of the reporting process is consistent with agency policies and procedures. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Superintendent Memorandums of Clarification
- Standard Cover Sheets

Interviews:

- PREA Coordinator
- Administrative Investigator
- Facility Superintendent
- Facility PREA Coordinator
- Administrative Human Resource Staff
- Volunteers and Contractors

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. Section 4.A. 2,3,4 requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 1. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution. 2. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 3. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution. 4. An intern violating this policy

shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern, who violates PREA policies, shall not be permitted to work in a DJJ facility or office and the intern's college shall be notified of the separation from the internship. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards.

Section 4. A, B., Procedures, requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on: 1. The zero tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Resident's right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents; and 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Section X and AA state that all persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. AA. DJJ staff are persons holding a position of authority and special trust as defined in KRS 532.045. DJJ prohibits any staff, regardless of his or her age, from subjecting anyone under the custody, care, or supervision of DJJ, with whom he or she comes into contact as a result of his or her position, to sexual contact. The facility Superintendent submitted a Memorandum of Clarification dated July 28, 2020 and advised that there have been no reports of sexual abuse by contractors or volunteers during this review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview results:

- Interviews with the PREA Compliance Officer, facility Superintendent, Investigator, Administrative Human Resource staff, and PREA Coordinator confirmed the process for corrective action for contractors and volunteers. Interviews with the volunteers and contractor indicated they received PREA training, reviewed the PREA policy, and consequences for violating the agency's sexual abuse policy and procedures. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights, July 1, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, dated June 10, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.1, Graduated Responses, Sanctions, and Incentives, dated June 10, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, Program Services, Disciplinary Review, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.2, Program Services, Disciplinary Review, dated June 10, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Superintendent Memorandums of Clarification
- Standard Cover Sheets

Interviews:

- PREA Compliance Officer
- Facility Superintendent
- Facility PREA Coordinator
- Medical and Mental Health Staff

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures, 901, shall follow DJJ Policy 901 in maintaining a zero-tolerance policy of sexual misconduct.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

Section 4. A.1,3,4,5, Procedures requires, A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Compliance Officer whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

Sections H. A report made by a staff or a juvenile regarding a sexual incident that is made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, if the investigation does not establish evidence to substantiate the allegation. I. A staff or a juvenile, who makes a report which is investigated and it is established by IIB that the staff or juvenile knowingly made a false report, shall be subject to program sanctions or staff disciplinary action up to and including termination or dismissal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised August 6, 2018 shall follow DJJ Policy 906 as outlined above.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section, requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type. Section D. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 7. Potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised August 6, 2018 requires the facility to follow agency policy 907.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F.8. requires for an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018 shall follow all guidelines of DJJ 908.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section, requires upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. Section I. Youth charged with major rule violations shall be afforded due process, including the right to appeal. J. All youth shall be provided due process consisting of notice of intent to transfer to another out-of-home placement, and an opportunity for the youth to respond either verbally or in writing at the time of notice. In the case of emergency transfers, the youth shall be provided the aforementioned due process as soon as practical. Section L. At least two hours of recreation, one hour of which shall be active recreation, shall be provided per day in group homes, youth development centers and detention programs, under the direction of a designated recreation leader. Special arrangements to provide this hour of recreation shall be made if the youth is to be separated from the group. Day Treatment programs shall provide a recreation program approved by the Regional Director. Under circumstances

involving a medical condition, a youth may be denied recreational activity on a day-to-day basis. The youth's recreational privileges shall be restored with the approval of authorized medical personnel.

M. An academic and vocational program to meet individual youth's needs shall be provided in accordance with applicable education statutes. Section P. Access to medical, dental and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights, dated July 1, 2019, shall follow all guidelines of DJJ 205.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019 and Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, policy section, requires staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well-disciplined, and safe manner.

In Section A. policy requires staff shall model appropriate behavior. 1. Staff shall model appropriate social skills by demonstrating courteous, professional, and respectful behaviors when interacting with other staff, the public, or youth. 2. Staff shall present themselves as a role model for youth according to the DJJ Employee Code of Ethics and Employee Code of Conduct. Examples of this role modeling may include: a. Establishing positive and respectful relationships; b. Engaging youth in addressing treatment plan goals and tasks; c. Using positive and affirming language in communicating with youth and staff; and d. Exhibiting appropriate hygiene practices. B. Staff shall discourage and deter inappropriate behavior by youth. 1. Staff shall be observant of circumstances which may trigger inappropriate behaviors; 2. Staff shall use these observations to anticipate possible reactions and plan accordingly; 3. Staff shall maintain a preapproved structured schedule to keep youth occupied with constructive, organized activities.

Section C. Staff shall reinforce positive behavior by youth. 1. Staff shall have developmentally appropriate expectations for youth and offer praise when youth take positive steps to meet those expectations. 2. Staff may allow preapproved rewards for appropriate behaviors as determined by the Superintendent or designee. D. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth. The following are examples of possible techniques beginning with least restrictive: 1. Planned "ignoring" of a problem behavior, which can be "ignored", as determined by the Individual Treatment Plan (ITP) such as non-aggressive or non-destructive behavior; 2. Gesturing which can be non-verbal signaling to call attention to inappropriate behavior; 3. Use of proximity as a purposeful movement toward a youth to call attention to the inappropriate behavior; 4. Use of redirection by verbally calling a youth's attention to an inappropriate behavior to allow the youth to adjust the behavior before receiving a consequence; and 5. Use of time out as a brief cooling off period.

Section E. Staff shall utilize agency approved and trained methods to introduce and teach youth the following skills: 1. Staff shall provide opportunities for youth to learn and utilize positive decision-making skills. These skills may be utilized by youth to accomplish treatment goals; 2. Youth shall be encouraged to utilize conflict management skills; and 3. Youth shall be encouraged to practice and utilize anger

management skills for everyday problem solving. Section F. Staff shall utilize approved and trained methods for the management of aggressive youth. 1. Staff shall utilize de-escalation techniques in an attempt to diffuse situations that occur, related to the management of aggressive youth. If any of the above skills are not applicable or successful, staff may utilize restraint techniques per DJJ policy. 2. Once a youth regains control of their behavior, it shall be the staff's responsibility to assist the youth in the reintegration into the treatment environment and to identify follow-up services needed.

Section G. Each treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. 1. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

Section H. A youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours. I. No individual youth or group of youth shall be given control or authority over other youth. Higher level youth shall be encouraged to model appropriate behaviors and coach peers through the treatment process. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318 shall follow all guidelines of DJJ 205.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, policy section requires the Department of Juvenile Justice (DJJ) programs shall use a range of graduated responses, sanctions, and incentives to reward, motivate, or establish consequences for youth behavior. The use of mechanical restraints, the denial of meals, snacks, or changes in the established menus, and the interference with daily functions of living, such as eating or sleeping shall be prohibited as punitive consequences. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.1, Graduated Responses, Sanctions, and Incentives, dated shall follow all guidelines of DJJ 318.1.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, Program Services, Disciplinary Review, policy section requires when there is evidence or allegations that a youth has committed a major rule violation, a disciplinary review shall be scheduled with the treatment team. C. A disciplinary review for a major rule violation shall be held by the treatment team within seven (7) business days after the penalty slip issuance. The treatment team chairperson, or designee, shall set the date and time of the disciplinary review. D. The youth, alleged to have committed the major rule violation, shall be given written notice twenty-four (24) hours prior to the disciplinary review of the place, date, and time of the review, except when the youth signs a waiver to allow the review to take place sooner. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.2, Program Services, Disciplinary Review adheres to the agency policy 318.2.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, section C. requires the nurse shift program supervisor or on-call nurse designee shall be notified immediately to determine if there are contra-indications for the youth being placed in isolation. 1. The facility nurse or health trained staff shall immediately conduct an assessment of youth placed in isolation or as soon as it is safe to do so, as dictated by the Director of Medical Services. 2. Injuries, bruises, or scratches, and observations shall be noted by a minimum of two (2) staff. The nurse or designee shall document the date, time, and results of the assessment. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 323, Program Services, Isolation, follows the guidelines of policy 323. A memorandum of clarification written by the facility Superintendent advised that there have been no incidents of resident sexual conduct requiring disciplinary action during this review period and do not use any form of isolation at Ashland Group Home.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

Interview results:

- Interviews with the PREA Compliance Officer, facility Superintendent, facility PREA Coordinator, medical and mental health staff confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions

pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other program, and work opportunities to the extent possible.

- Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents. Medical and mental health staff confirmed youth are offered therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction were zero.
- The facility Superintendent explained that disciplinary actions for youth would include keeping the resident under strict supervision, making the required notifications and notify the Court. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health and Safety Services, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Ashland Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Form
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral Form
- Vulnerability Medical/Mental Health Referral of current residents
- Department of Juvenile Justice Emergency Medical Treatment Form
- DJJ Mental Health Referral Form
- DJJ Sexual Abuse/Assault Education Form
- KDJJ Initial Screening Form- Male Ashland Group Home
- MAYSI-2 Questionnaire of current residents
- Individual Client Record (ICR) content file guidelines
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Authorization for Release of Information for medical and mental health practitioners; regarding sexual victimization
- Permission to release information to report abuse

Interviews:

- PREA Compliance Officer
- Facility Superintendent

- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Residents
- Residents who Disclose Sexual Victimization at Risk Screening

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section 4G. states a juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health and Safety Services, Admission Screening for Physical and Behavioral Health Challenges, policy section, requires all youth shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and behavioral impairment. All youth shall receive referral for care of acute psychiatric and other serious illness or injuries. Those who require health care beyond the resources available in the facility, or whose adaptation to the facility environment is significantly impaired may be transferred to a facility where such care is available. Section 4. A. states the Initial Health Screening Form shall be completed by the facility registered nurse (RN), L.P.N., or health trained staff member immediately upon arrival of a youth. If the form is completed by an L.P.N. or health trained staff member, it shall be reviewed and signed by the RN. It shall also be made available to the primary health care provider. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority.

Section D. After the initial health screening is completed, upon admission the facility Qualified Mental Health Professional (QMHP) or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the facility QMHP; in group homes and detention centers it shall be reviewed and signed by the superintendent or designee. E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for behavioral health issues. 1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent. Any significant results from the screening shall be followed up by the qualified staff. 2. Further assessment shall screen for the following items: a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior; b. High risk with a history of assaultive behavior; or c. At risk for sexual victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA

Violations, policy requires a health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director. Section J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, policy section requires each Department of Juvenile Justice (DJJ) operated or contracted program shall provide comprehensive health care by qualified personnel to protect the health and wellbeing of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be provided for the performance of health care delivery as determined by the health authority. Religious beliefs and practices of youth and parent or caregiver may be taken into consideration when conducting medical services.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019 Section 300.1 policy section requires the Department of Juvenile Justice (DJJ) shall provide services for the rehabilitation of committed youth through residential programs. These programs shall be designed to offer different levels of services and security as required in order to meet the needs of the youth and protect the public. Section 4.A states each group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a group home; 9. Emergency medical and mental health services; 5. Religious services and education. Section C. Staff shall utilize community resources as necessary, either through referral for service or by contractual agreement, to provide youth with services to meet their developmental needs. Provisions shall be made, as necessary, to assist youth and, when appropriate, their family in accessing services and community resources.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%.
- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%

Interview results:

- During resident interviews, two (2) residents who disclosed prior sexual victimization during the risk screening process resident indicated they were seen by medical and mental health practitioners' after disclosure and within the fourteen (14) day requirement. Resident file review confirmed the residents was seen within the time frame.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff make all required notifications including the Reporting Hotline, preserve evidence, conduct an initial assessment, and make a KDJJ incident report.
- Medical and Mental Health staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services would be offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to

medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
- Ashland Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Care Plans/Documentation of Care
- DJJ Authorization and Consent for Medical Services
- DJJ Consultation and Treatment Request
- DJJ Emergency Medical Treatment Form
- DJJ Health Education Guidelines and Review, current population samples
- DJJ Mental Health Referral Form
- DJJ Physical Examination Form
- Memorandum of Clarification regarding emergency medical and mental health services
- DJJ Ashland Group Home Progress Notes

Interviews:

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section D. requires within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following:
5. Obtaining medical assistance, counseling services, and treatment if victimized.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator;

Section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. L. If sexual abuse occurs in a private child care facility, therapeutic foster care home, or in a mental health medical facility, DJJ staff shall, upon receiving notice, do the following: 5. The Division Director of Community and Mental Health Services, the Director of Placement Services or designee, and the Deputy Commissioner shall case conference the matter to determine the best placement arrangement and treatment needs for the DJJ juvenile or juveniles involved. N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services; 12. Social services; and 17. Aftercare, including re-entry. 18. Transition. B. Each YDC and group home shall provide or make arrangements for the provision of: 2. Psychiatric and ongoing mental health services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, section A requires each program shall utilize a trauma informed approach and evidence based practices in the provision of counseling services as approved by the Chief of Mental Health Services. C. Staff shall be available to provide counseling in emergency situations and upon a youth's request in accordance with each youth's ITP.

D. Each youth placed in a YDC or group home shall have an opportunity for individual, group, and family counseling. E. Family counseling sessions required on development level and demonstration level can replace one (1) hour of individual counseling for that same week. G. Individual counseling shall be:

1. Conducted by the youth's assigned counselor. If the assigned counselor is absent, one (1) of the following staff shall provide counseling services: the Treatment Director, another youth counselor, Superintendent, or Superintendent's designee; 2. Provided to each youth at a minimum of one (1) scheduled hour per week. Any exceptions to this protocol shall be approved through the Treatment Director by the Regional Psychologist or Chief of Mental Health Services. Individual counseling sessions may be held more often to meet the treatment needs of the youth or as deemed appropriate by the treatment team; 3. Utilized to help the youth make changes in thinking and behavior consistent with pro-social norms; 4. Utilized to assist youth in meeting goals and tasks identified on the youth's ITP; and 5. Documented in the Individual Client Record (ICR) within seven (7) days. In circumstances when critical information pertinent to safety and security is gained during individual counseling, that critical information shall be documented in the appropriate facility log by the end of the shift and up-lined through the chain of command.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program.

5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

Section B. Consent for Medical Treatment; 1. As part of the admission process, each DJJ program (except detention centers) shall seek the consent of each youth's parent or legal guardian for medical, dental and behavioral health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood. 2. In the event the parent or guardian fails to return the Consent Authorization Form, a second copy of the form shall be forwarded to the parent. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts. 3. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental or behavioral health treatment should become necessary. 4. Copy of the above noted forms shall be placed in the youth's Individual Client Record and the originals filed in the youth's Medical Record. 5. In the event that surgery or hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. The Consent Authorization Form signed by the parent or guardian shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations. 6. Non-Emergency medical care. a. Consent authorization form shall be completed and signed by the superintendent or designee for committed youth. b. Judicial authorization shall be used for non-committed youth in detention centers, if judicial authorization is not available, the superintendent or designee shall complete the consent authorization.

Section C. Informed Consent and Refusal of Medical Treatment; 1. Prior to any medical, dental or behavioral health examination, treatment or procedure, the attending primary health care provider, behavioral health provider or nurse shall explain to the youth in detail the nature of the examination, treatment, or procedure, including risks and side effects and alternatives to the procedure. The youth shall also be made aware of the risk of not having the examination or procedure. Verbal permission shall be obtained before any procedure is performed on the youth. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth. 2. In the event that a youth refuses any medical, dental or behavioral health protocol and this refusal may adversely affect the health of the youth as determined by a responsible medical professional, the parents and/or guardians shall be advised and, if possible, enlisted to assist; education and counseling related to medical issues shall be expanded; and the

consequences of refusing early intervention shall be clearly communicated to the youth. The medical staff shall also continue to educate and counsel the youth regarding the consequences of failing to follow proper medical or nursing protocol. 3. Any refusal of medical, dental, or behavioral health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form. 4. Documentation of refusals shall be maintained in the youth's Medical Record. 5. The Treatment Team, Superintendent of the detention center, Medical Director, or Chief of Mental Health Services and parent or guardian, shall be informed of the youth's refusal when the refusal may seriously impact the youth's physical or behavioral health. D. Consultations/Decision Making Regarding Special Medical Problems 1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or Qualified Mental Health Professional (QMHP) prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses. a. The nurse, QMHP or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions. b. The following areas shall be considered for residents with significant health conditions: (1) Suitability for travel; (2) Preparation of a transfer or discharge summary and pertinent health records; (3) Instructions to transporting personnel regarding medication or treatment required in route; (4) Availability of resources; (5) Intellectual or develop mental capabilities and limitations; (6) Ability to participate in work projects, sports, exercise programs, or outings. c. If the consultation does not produce agreement between the nurse, QMHP and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation. 2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth. 3. The nurse shall maintain documentation of such consultations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director. B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency evacuation of the youth from the facility; 2. Use of an emergency medical vehicle; 3. Use of one or more designated hospital emergency department(s) or other appropriate health facility; 4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby; 5. On-site emergency first aid and crisis intervention; and 6. Security procedures that provide for the emergency transfer of youth when appropriate. C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review. D. The registered nurse (RN) or designee shall prepare, update, and ensure availability of emergency care telephone numbers and procedures for obtaining emergency medical and dental care. E. First aid kits shall be available in state vehicles, youth living areas, and work areas. Each DJJ program shall have an urgent care kit available in a central location. F. In all

circumstances, with the exception of a life-threatening emergency, the facility RN or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee. G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access. H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care. I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian. J. The facility RN or Director of Medical Services shall be contacted upon return of the youth from the emergency or urgent care provider and shall provide direction for follow-up care. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

Interview Results

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the SAFE/SANE Examiner at King's Daughter indicated and confirmed access to emergency medical and mental health services.
- The facility has the ability to contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized due to no sexual abuse allegations but when called upon can provide victim advocate services. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018

- The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 302, Program Services, Individual Treatment Plan and Aftercare Plan, dated April 5, 2019
- Ashland Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Care Plans/Documentation of Care
- DJJ Authorization and Consent for Medical Services
- DJJ Consultation and Treatment Request
- DJJ Emergency Medical Treatment Form
- DJJ Health Education Guidelines and Review, current population samples
- DJJ Mental Health Referral Form
- DJJ Physical Examination Form
- Memorandum of Clarification regarding emergency medical and mental health services
- DJJ Ashland Group Home Progress Notes

Interviews:

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, section A. requires the Department's Medical Director shall administer the management of medical services. The Department's Chief of Mental Health Services shall administer the management of mental health services. B. Medical, including physical, behavioral health and dental health services shall be an integral part of the overall treatment program. Matters of medical, behavioral health and dental judgment shall be the sole authority of the responsible primary health care provider. D. Medical, dental, and behavioral health services shall be provided by DJJ or contracted staff pursuant to a written agreement, contract, or job description approved by the health authority. Verification of current job descriptions are on file in the facility. Day treatment programs shall enter into written agreement with one or more hospitals, clinics or other providers for the provision of emergency medical services. The DJJ Medical Director or designee shall approve contracts for health care services. E. Treatment by health-trained staff or nursing personnel shall be performed pursuant to direct orders written and signed by personnel authorized by law to give such orders. DJJ programs shall not use "standing orders". Nursing protocols shall be developed by DJJ Central Office medical staff and approved by the Medical Director. This policy shall not preclude protocols for emergencies when immediate action is required.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care,

A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, section A. 1. DJJ staff shall make every attempt to obtain previous medical and psychiatric histories on youth entering DJJ programs. 2. While in DJJ youth development centers, the Treatment Director and nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. In group homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. 3. Youth identified with having long-term or potentially serious physical or behavioral conditions shall be referred to appropriate community health providers upon release, accompanied by relevant health information. 4. A discharge summary shall be completed for all youth released from a facility. Group homes and youth development centers shall forward a copy to the community worker and provide a copy to the parent or guardian. In case a youth is eighteen (18) years old, the copy shall be given to the youth. A final copy shall be maintained in the Medical Record. 5. Youth transferred or released from a DJJ facility shall be provided a minimum of 3 business days supply of prescription medication(s).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section B. The health assessment, appraisal of behavioral health status, and physical examination shall be completed within the first seven (7) days after admission. 1. Youth entering a DJJ facility directly from the community shall receive a complete health assessment and physical examination. 2. Youth entering a DJJ facility from a residential program or detention facility outside the DJJ system for whom documentation of a physical examination completed within the previous ninety (90) days is presented shall not be required to repeat the physical examination. The prior results shall be reviewed by the RN and the primary care provider and examinations updated as needed. The physical examination shall

be required to be repeated if the previous physical examination is over ninety (90) days old or if written documentation of the previous examination is not provided. 3. Youth entering as an intra-system transfer from another DJJ residential program or detention center within one year of the last health assessment and physical examination shall not be required to repeat the process. The prior assessment shall be reviewed by the facility RN and the primary care provider and the protocol for annual health assessment shall be followed. Section D. The Health Assessment shall include: 3. Necessary laboratory or diagnostic tests to detect communicable diseases including sexually transmitted diseases and tuberculosis. (Minimum testing may include urinalysis, gonorrhea culture, chlamydia, RPR, and TB skin tests. Additional tests shall be determined by the primary care provider or the Medical Director. 6. The initiation of therapy, when required; and, J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, section requires B. DJJ shall employ doctoral level psychologists to serve as Regional Psychologists and oversee behavioral health care for youth within DJJ. The Regional Psychologists shall: 4. Conduct and review behavioral health evaluations of youth as appropriate.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, requires in sections A. Behavioral health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services. 1. In youth development centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 2. In detention centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent. B. The behavioral health screening shall determine if a youth may join the general population or be referred for immediate evaluation by a QMHP. C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the Qualified Mental Health Professional (QMHP), or designees shall be informed. The QMHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. Residents with acute conditions shall be maintained on one to one supervision until directed otherwise by the QMHP or until the resident is hospitalized. If the QMHP recommends that a youth is in need of further behavioral health treatment or review, the QMHP in consultation with the Superintendent or designee shall arrange for the

youth to obtain such treatment. If hospital admission is indicated, the QMHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities. D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses. E. Youth in youth development centers shall have an evaluation within 14 days of admission and annually thereafter. The evaluation shall include: 1. Review of mental-health-screening and appraisal data; 2. Review of the individual's behavioral health history; 3. Direct observation of behavior; 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and 5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency. F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment. G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a QMHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, sections require A. DJJ staff shall make a non-emergent referral to a Qualified Mental Health Professional (QMHP), Regional Psychologist, or designee regarding the behavioral health concerns of a youth. B. Non-emergent referrals to the QMHP, Regional Psychologist, or designee shall be made in writing or electronically, complete with date and time. These referrals shall include a description of the concerns. C. The DJJ QMHP, Regional Psychologist, or designee, who receives the non-emergent referral shall respond within three (3) business days. D. The DJJ QMHP, Regional Psychologist, or designee shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall be in person or by teleconference. E. The DJJ QMHP, Regional Psychologist, or designee may refer the youth for outpatient mental health services when services may not be available within the facility. F. All documentation related to the referral, evaluation, and intervention shall be placed in the youth's Medical Record. At the discretion of the QMHP, Regional Psychologist, or designee, information regarding safety and security may be placed in the Individual Client Record in order to facilitate continuing care for the youth. G. The youth's assigned counselor shall be notified of all behavioral health referrals for youth in a DJJ facility. In youth development centers, the treatment director shall also be notified of all referrals for behavioral services. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, requires 1. In the event of a mental health emergency, the facility staff shall first ensure the safety of the youth. The youth shall be determined to be medically stable prior to proceeding with mental health issues. 2. An incident may be considered an emergency when the youth demonstrates danger to self or others, has evidence of an injury, or is agitated to the point of not having self-control. Staff shall monitor the youth in order to maintain safety as the notification process proceeds. 3. In youth development centers and detention centers with a Qualified Mental Health Professional (QMHP), the QMHP shall assess the situation, either by phone or after a visit to the facility, and determine a course of action. The QMHP may

elect to notify the psychiatrist or Regional Psychologist for consultation in determining the course of action. The QMHP shall inform the Superintendent of the planned interventions. 4. In detention centers and group homes without a QMHP, the Superintendent or designee shall assess the situation and consult with the Regional Psychologist or contract mental health provider in determining a course of action.

B. Each program shall prepare a plan to provide emergency mental health care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency transportation; 2. Use of one or more designated hospital emergency department(s) or appropriate mental health facilities; 3. Emergency on-call medical and mental health services; 4. On-site emergency first aid and crisis intervention; 5. Security procedures that provide for the emergency transfer of youth when appropriate; and 6. Procedures for notification of a transfer to the court the next business day. C. In the event of a behavioral health emergency the QMHP, Superintendent, or Chief of Mental Health Services shall contact the parent or caregiver to advise them of the situation of the respective youth.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services; 12. Social services; and 10. Individual and group counseling; 17. Aftercare, including re-entry.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 302, Program Services, Individual Treatment Plan and Aftercare Plan, requires sections D. Documentation of the ITP shall occur as follows: 1. In a group home the designated licensed mental health professional shall review and sign the ITP within twenty-one (21) days of admission. 2. A hard copy of the ITP shall be given to the youth, and sent to the parent or caregiver, and any applicable agency or court, and placed in the ICR within twenty-one (21) days of admission. E. Additional areas shall be addressed during the course of treatment, as appropriate, and may be included in the youth's ITP. These areas may include: 1. Behavioral and social needs, including propensity toward violence; 2. Medical, dental, and physiological needs; 3. Emotional functioning, identification and review of previous episodes of suicidal or self-harming behaviors, and issues related to the monitoring of positive or negative effects of psychiatric medications; 4. Academic and vocational assessment; 5. Individual Plan of Instruction (IPI) or Individual Education Plan (IEP); 6. Family and environmental needs; 7. Religious needs; 8. Legal needs; 9. Reentry needs and any related requirement for step-down to either a group home or a day treatment program as part of the transition back to the community; 10. Sexual behavior treatment needs; and 11. Measurable criteria of expected behavior and accomplishments. F. The ITP shall be reviewed every thirty (30) days and updated as needed. In the case of JSO's the ITP shall be reviewed every sixty (60) days and updated as needed. If the date of the review falls on a weekend or holiday, the conference shall be held prior to the designated review date. 1. The youth counselor shall schedule ITP reviews; 2. The youth, parent or caregiver, and JSW shall be invited to attend all scheduled reviews; 3. Family identified natural supports may be included in ITP reviews upon request from parent or caregiver.

The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, requires Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. D. The screening tool shall ascertain the following information: 5. Level of emotional and cognitive development; 7. Mental illness or developmental disabilities; 8. Intellectual development. G. A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator; 10. If a Children's Advocacy Center is available, DJJ staff shall collaborate with the Children's Advocacy Center to provide care for victims. For youth in detention who have not been committed to DJJ, approval shall be obtained from the court. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. K. If a committed or probated juvenile, under community supervision, makes an allegation of sexual abuse, sexual contact, or any type of sexual misconduct to a Division of Community and Mental Health staff or if a staff learns of an alleged sexual abuse through other means, the staff shall take the following steps: N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall

provide or make arrangements for the provision of the following services: 10. Individual and group counseling.

Interview Results

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the SAFE/SANE Examiner at King's Daughter indicated and confirmed access to emergency medical and mental health services.
- The facility has the ability to contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized due to no sexual abuse allegations but when called upon can provide victim advocate services. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- Memorandum of clarification from the Superintendent on sexual abuse investigations dated July 28, 2020
- Memorandum of clarification from the Superintendent on sexual abuse incident review team members dated July 28, 2020
- KDJJ PREA Incident Debriefing Form
- KDJJ PREA Debrief Process Flowchart
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ, section 4, Procedures, A. The Superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the Facility Prison Rape Elimination Act of 2003 (PREA) Coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: 1. Conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation; 2.

Prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the Agency PREA Compliance Manager; 3. Consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 4. Consider whether the incident was motivated by race, ethnicity, gender identity, identification as lesbian, gay, bisexual, transgender, questioning, or intersex, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 5. Assess if the area of the facility where the incident occurred attributed to the abuse; 6. Assess the adequacy of staffing levels; 7. Assess the need for change in video monitoring or additional equipment; and 8. Review the findings of the investigation. B. The Superintendent or designee shall report the review team findings, along with recommendations for improvement, to the Regional Director and the Agency PREA Compliance Officer or designee.

During the past twelve months, the Superintendent and facility PREA Coordinator report zero (0) sexual abuse allegations. The Superintendent provided a memorandum of clarification indicating there were zero sexual abuse investigations for the past twelve months. Both the Superintendent and PREA Coordinator indicated when the facility conducts an incident review the KDJJ PREA Incident Debriefing Form is completed within thirty days at the conclusion of the investigation. The auditor received a memorandum of clarification on sexual abuse incident review team members dated July 28, 2020, indicating upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. As a guide, the KDJJ PREA Debrief Process Flowchart identifies each step of the review based on the standard.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents 0.

Interview Results

- Interviews with members of the incident review team members including the Superintendent, facility PREA Coordinator, and medical nurse indicated that when an allegation occurs and a review team meeting is held, they provide feedback and take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards.
- The Superintendent and the PREA Coordinator facilitate the incident review meeting and report the findings and recommendations to the agency PREA Compliance Manager. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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- Memorandum of clarification from the Superintendent on sexual abuse investigations dated July 28, 2020
- 2016, 2017, 2018 Survey of Sexual Victimization SSV-5 and SSV-IJ
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Compliance Officer to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department.

The agency and facility use the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument and set of definitions as outlined in policy. The agency PREA Compliance Officer obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.

The annual report shows in fine detail the agency aggregates the incident-based sexual abuse data at least annually and posts is posted on the agency website. The annual report includes comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the KDJJ progress in addressing sexual abuse. The annual report is approved by the Agency Commissioner and made readily available to the public annually through the website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Interview Results:

- The Agency Commissioner, PREA Compliance Officer, facility Superintendent, facility PREA Coordinator confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2017-2019 PREA Annual Reports were made available by the agency and are located on the website. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- Memorandum of clarification from the Superintendent on sexual abuse investigations dated July 28, 2020
- 2016 Annual PREA Leadership Meeting for Year End 2016 Report
- 2017 Annual PREA Leadership Meeting for Year End 2017 Report
- 2018 Survey of Sexual Victimization SSV-5 and SSV-IJ
- Standard cover sheet
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Compliance Officer to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. On a yearly basis, the agency holds an annual PREA Leadership Meeting to review the year ending PREA allegations that were referred for investigation, challenge area with PREA implementation, and review incidents requiring correction action and improvements. The agency provided the auditor with the 2016 and 2017 Annual PREA Leadership Meeting for Year End. The agency also completed the annual DOJ Survey of Sexual Victimization SSV-5 and SSV-IJ. Reports for the past three years was submitted to the auditor.

The Commissioner and PREA Compliance Officer submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse. The annual report is approved by the Commissioner and made readily available to the public annually through the agency website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Interviews:

- Agency Level Designee- Commissioner
- PREA Compliance Officer

- Facility Superintendent
- Facility PREA Coordinator

Interview Results:

- The Agency Level Designee- Commissioner, PREA Compliance Officer, Superintendent, and facility Compliance Manager reviews data collected and aggregates their findings pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained? Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010
- 2011-2016 PREA Survey of Sexual Victimization SSV-5 and SSV-IJ Forms
- 2016-2018 Annual PREA Leadership Meeting Minutes and Annual Reports
- Standard cover sheets
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website
- Kentucky Department of Juvenile Justice, record retention schedule manual

Interviews:

- Agency Level Designee- Commissioner
- PREA Compliance Officer
- Facility PREA Coordinator

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ. Section 4.E. requires the Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. E. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. G. The Agency PREA Compliance Officer shall compile an annual data report that shall be made available to the public. KDJJ make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.

Reports can be found on the Kentucky Department of Juvenile Justice website at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003, is the policy of the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor’s PHI shall be in accordance with state law. Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010, policy section D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. All DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. E. DJJ shall collaborate with other criminal justice systems and human service agencies in information gathering, exchange and standardization. Information in JORI shall be available for use in statistical reporting and research in accordance with the provisions on confidentiality of KRS 610.320, 610.340 and 635.120. F. All youth records maintained in the data system are to be maintained according to the established DJJ Records Retention Schedule. The Kentucky Department of Juvenile Justice, record retention schedule manual describes all documentation shall be maintained in a secure fashion and follow applicable state laws and based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Interview Results:

- The Agency Level Designee-Commissioner and PREA Compliance Officer, and facility PREA Coordinator confirmed the agency and facility comply with elements of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- 2011-2016 PREA Survey of Sexual Victimization SSV-5 and SSV-IJ Forms
- 2016-2018 Annual PREA Leadership Meeting Minutes and Annual Reports
- Standard cover sheets
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website

Interviews:

- Agency Designee- Commissioner
- PREA Compliance Officer

Interview Results:

- Interview with the Agency Designee- Commissioner and PREA Compliance Officer, and review of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once.

This auditor reviewed the Kentucky Department of Juvenile Justice web page at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. and found that it contains the audit reports for PREA, audits completed from 2016 through 2020. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Ashland Group Home PREA audits were conducted during the third year of Audit Cycle 1 and during year one of Audit Cycle 2. The current audit of Ashland Group Home was conducted in year one of Audit Cycle 3.

The auditor had access to the entire campus and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information. The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any confidential information or correspondence from residents

placed at the Ashland Group Home. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- 2011-2016 PREA Survey of Sexual Victimization SSV-5 and SSV-IJ Forms
- 2016-2018 Annual PREA Leadership Meeting Minutes and Annual Reports
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website

Interviews:

- Agency Designee- Commissioner
- Agency PREA Compliance Officer

Interview Results:

- Interview with the Agency Designee- Commissioner and PREA Compliance Officer, as well as a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the Kentucky web page at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. And contained the PREA Final Reports that was audited for the previous audit cycle years and published within 90 days after the final report was issued by the auditor. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

J. Aaron Keech

November 20, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.