

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: May 14, 2021

Auditor Information

Name: Robert Manville

Email: robertmanville9@gmail.com

Company Name: DX Consultants LLC

Mailing Address: P.O. Box 55372

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

Telephone: 912-486-0004

Date of Facility Visit: April 26-27, 2021

Agency Information

Name of Agency: Kentucky Department of Juvenile Justice

Governing Authority or Parent Agency (If Applicable): Kentucky



Address: 1025 Capital Drive; Third Floor

City, State, Zip: Frankfort, Ky 40601

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

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.go

Telephone: 502-892-3639

Agency-Wide PREA Coordinator

Name: lashana.harris@ky.go

Email: lashana.harris@ky.go

Telephone: 502-892-3639

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Cabinet Secretary

23

Facility Information

Name of Facility: Jackson Group Home

Physical Address: 2665 Hwy 30 W

City, State, Zip: Jackson, KY 41339

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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:
Click or tap here to enter text.

Facility Superintendent/Superintendent/Director

Name: Jason S. Jett

Email: JasonS.Jett@ky.gov	Telephone: 606-295-2029
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Facility PREA Compliance Manager

Name: Jason S. Jett	
Email: JasonS.Jett@ky.gov	Telephone: 606-295-2029

Facility Health Service Administrator N/A

Name:	
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity:	8
Current Population of Facility:	4
Average daily population for the past 12 months:	3
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 type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	14-17
Average length of stay or time under supervision	4 Months
Facility security levels/resident custody levels	2
Number of residents admitted to facility during the past 12 months	20
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	19
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	20
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

<p>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):</p>	<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
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Number of staff currently employed by the facility who may have contact with residents:	13
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:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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>	6
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<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>	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	2 Bedrooms
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

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

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
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
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" 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 checked="" type="checkbox"/> Other (please name or describe: <input type="text"/>) N/A

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
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE 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
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 Investigative Branch) <input type="checkbox"/> N/A

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, and 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.

On March 15 Jackson Group Home (JGH) placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming.

The Jackson Group Home was asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the center on Jackson Group Home from the center on March 25, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

Site Review:

Immediately following the opening meeting, a tour of center was Jackson Group Home. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, the PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the hotline to the Internal Investigations Branch (IIB), and Victim Advocate hotline are prominently posted in the main lobby area and hallways, as well. There are also posters with addresses and phone numbers to the Kentucky Association of Sexual Assault Programs (KASAP). Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of the logbook and records revealed documentation of safety and PREA rounds. The Facility Superintendent makes continuous rounds throughout the group home. Staff announce their presence prior to entering the group home. There are posting in each bedroom and day room, that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and Kentucky Department of Juvenile Justice PREA hotline.

Staff Interviews:

The center is staffed by 13 persons. The Facility Superintendent oversees the overall operations of the complex. There are a minimum of two staff always assigned to the facility. The facility requires a minimum of one (1) direct care staff for 8 residents during always waken hours and a minimum ratio of one (1) direct care staff for 16 residents on duty at other times

A total of 6 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Six (6) specialized staff were interviewed. The specialized staff included the Facility Manager, PREA Compliance Manager, Nurse, Mental Health staff, Administrative Assistant, and retaliation monitor. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee, Agency PREA coordinator and Agency contracting supervisor and staff with the Internal Investigative Branch. Telephone interviews were also conducted by Safe Nurse at Kentucky River Medical Center and The Rising Center Victim Advocates and victim confidential emotional support.

Resident Interviews:

At the time of the audit there were 4 residents assigned to the facility. All 4 residents were asked to be interviewed.

Staff File Review:

The auditor requested random personnel background checks and reviewed 6 employee files. The employee records included three staff that had been employed at the facility more than 5 years, 1 of the staff were promoted and 1 of the staff were employed in the last 12 months and 1 random staff. Background checks and child registry checks are completed by and maintained on file in the central office. The contractor files had the same email indicating background clearance and contained PREA training documentation.

Staff Training Records Review

The auditor requested some specific and some random training files for employees. Including in the specific list was facility director, PCM, and 6 random monitors.

All training records provided included initial PREA training, yearly updated training and specialized training for medical and mental health staff.

Resident File Review

All resident files were reviewed. The resident's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA education. All time requirements were met on each area.

Investigation Review:

No Investigative file were reviewed by the auditor. The group home has had not investigations for sexual abuse or sexual harassment.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, 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.

After meeting with the Facility Superintendent, a tour of the facility was conducted. During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center. The tour revealed adequate staff coverage, and physical supervision. There are 13 staff employed at JGH.

Jackson Group Home is located in Jackson, Ky. The Group Home is located in the back of the day reporting education program, with access to the Group Home from one side of the education program. The Home includes a larger group area with two bedrooms on one side of the group area. The facility has an office for the program superintendent, a break room and a small kitchenette on the far end of the building. The bathroom is located in the back area. Includes toilet, wash basin and showers. The showers and toilets are partitioned to ensure that resident can shower, change clothes and utilize the toilet. Only one resident shower a time. On the outside of the group home is a basketball court, green house and several storage building.

In the group room were PREA bulletin boards that included in English and Spanish:

- PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment

- Addresses and phone numbers to the Kentucky Association of Sexual Assault Programs (KASAP)
- PREA brochure
- PREA Audit notice
- Hotline to the Internal Investigations Branch (IIB)

Throughout the tour and when moving about the center the auditor reviewed the staffing level to ascertain the average staffing level. During each of the census counts the auditor determined that the ratio of resident to staff far exceeded one to eight during waking hour and one to sixteen during sleeping hours.

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: 5

List of Standards Exceeded: Standard 115.321: Evidence protocol and forensic medical examinations : Standard 115.331: Employee training : Standard 115.333: Resident education Standard 115.351: Resident reporting: Standard 115.353: Resident access to outside confidential support services and legal representation

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text. **List of Standards Not Met:** Click or tap here to enter text.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ Chapter 9 Table of Contents
DJJ 900 Definitions
DJJ 901 Zero Tolerance
DJJ 902 Personnel Procedures
DJJ 903 Prohibited Conduct
DJJ 904 Contracted Residential Entities
DJJ 905 Juvenile Vulnerability
DJJ 907 Resident PREA Education
DJJ 908 DJJ Response to a Report
DJJ 909 Data Collection and Review
DJJ 910 Facility Security Management
DJJ 911 DJJ Staff PREA Education and Training
DJJ 912 Sex Orientation and Gender Identity
JD 31.1 Prison Rape Elimination Act - Definitions
JD 32 8 Facility Security Management
JD 32. 4 Juvenile Vulnerability Assessment Procedure
JD 32.1 Zero Tolerance
JD 32.2 Personnel Procedures
JD 32.3 Prohibited Conduct of Staff Interns and Volunteers and Contractors
JD 32.5 Reporting and Investigating PREA Violations
JD 32.6 Resident PREA Education
Agency Org Chart
Facility Org Chart

Kentucky Department of Juvenile Justice (DJJ) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of DJJ policy Chapter 9 Prison Rape Eliminations Act of 2003 (PREA) is to fully implement all standards and best practices for safe centers within DJJ. These polices provides the division's approach to preventing, detecting, and responding to such conduct, within DJJ.

The DJJ fundamental principles serves as a center piece in operating the agency. PREA is not seen as a facility role, however all staff from volunteers to the Agency Director have definitive roles in developing life skills for residents including developing appropriate boundaries for all staff and residents and supporting residents in this phase of their life. Resident's support team includes community service providers, case managers, clinical supervisors, and advocacy services that are utilized as an extension of support for resident.

As a resident or staff at the group home, everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. DJJ policies establishes that the division of youth services, all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Jackson Group Home efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While housed at Jackson Group Home there is no such thing as consensual sex, meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident. Within this policy all references to sexual abuse includes sexual harassment, as appropriate.

Kentucky Department of Juvenile Justice employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. DJJ mandate employee to oversee statewide agency efforts to comply with the PREA standards as set forth in this policy for all DJJ residential facilities and contracted facilities.

DJJ mandate site specific employee designated to coordinate the facility's efforts to comply with the PREA standards as set forth in this policy. A Youth Facility Superintendent shall serve in this role at each DJJ residential site. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all facilities. The PREA coordinator ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA. The Facility Superintendent is designated as the PREA compliance manager.

Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency's Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors, and their representatives shall also comply with this policy or the working relationship/contract may be severed.

All claims of sexual assault will be immediately reported to the Kentucky Department of Juvenile Justice and when violation of law to Kentucky State Police.

Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at Jackson Group Home that youth feel safe.

Compliance was determined by review of multiple PREA policies, posters and interviews with staff and residents.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Contracts for the confinement of residents entered or renewed after August 20, 2012, or since the last PREA audit.

Statement of Fact

The PREA Coordinator provided a statement of fact that none of the Department contractual center will not have a population nor placement of over 50% DJJ Residents. The Contracting agreements review by the auditor the following documentation was found in each contract:

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.

The PREA coordinator interviews indicated that the contractor shall, in cooperation and collaboration with the state agency, and in addition to "self- monitoring requirement," assist with compliance monitoring which could be announced or unannounced and includes "on-site" monitoring. The contractor shall fully cooperate and collaborate with the State agency on all audits required under PREA.

Compliance was determined by review of the contract, telephone conversation with a contracting facility, and interview with Agency Contracting Officer.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 707 page: 1, 2/section: I. IV. A. B.
DJJ 709 page: 1, 2/section: I. IV. A. B. C. D.
DJJ 319 page: 1, 2/section: I. IV. A. 1. 2. 3. 4. 5. B. 1. 2. 3. 4. C. D.
DJJ 319.1 page: 1, 2/section: I. IV. A. B.
DJJ 910 page: 1, 2/section: I. IV. C. D. E. F. G. H. J. K. L.
Staff to youth ratio docs
Staffing Plan Form JGH 2020
Staffing Plan 2019-2021
DJJ 910 Facility Security Management
Unannounced Tours 2020/2021
Staffing Plan Development Process Form
JGH Jan 19 Monthly Report
Youth daily schedule

DJJ Policies mandates that supervisor will conduct and document unannounced rounds. The policy also mandates that Facility Superintendent conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring.

Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred.

Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2019/ 2020/2021 were found to be following this standard.

The staffing plan included:

- 1) Generally accepted detention and correctional/secure residential practices.
- (2) Any judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies.
- (4) Any findings of inadequacy from internal or external oversight bodies.
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).
- (6) The composition of the resident population.
- (7) The number and placement of supervisory staff.
- (8) Institution programs occurring on a particular shift.
- (9) Any applicable State or local laws, regulations, or standards.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The staff to youth ratios of a minimum of 1: 8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. There were no occasion that the facility did not meet the ratio standards. Jackson Group Home utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the Facility Superintendent it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard.

The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The Facility Superintendent provided a daily roster that indicates the staffing utilized during the prior 24 hours.

The Facility Manager and Assistant Regional Administrator both conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 714 Searches
DJJ 715 Incident Reports
DJJ 912 Sex Orientation and Gender Identity
General Directive 12-01
JGH SOP 912 Sexual Orientation and Gender Identity
JGH SOP 910 Facility Security Management
DJJ 910 Facility Security Management
115.315 d1 memo
Cover sheet 315 f-1_Training curricula
Cross Gender Search Training
Final Visual Search Policy
cover sheet 315 f-1_Training logs PREA Training sign in sheets + Acknowledgement

DJJ Policy 5.8 Searches for Contraband
DJJ Policy 9.6 Program Supervision
DJJ Policy 9.18 PREA
DJJ Policy 7.2 Standards

Agency policies allow for frisk searches. Frisk Searches shall be utilized during admission, upon return from temporary release, whenever a youth is suspected or rumored to have contraband, and spontaneously throughout the day. The Shift Supervisor shall approve Frisk Searches. All searches shall be documented. Based on interviews with staff, memo from PCM and residents there have been no cross-gender pat down searches in the last 12 months. Policy mandate that strip or cavity searches may be conducted. Cavity Searches can only be conducted by medical personnel. Strip Searches shall be utilized prior to admission into the general population of the detention facility when there is reasonable suspicion that the youth is in possession of contraband or at any time there is a reasonable suspicion that a youth possesses contraband. Strip Searches shall be conducted in a private area by two same sex staff and shall be performed with consideration for the youth's dignity and feelings. When a strip search is performed, clothing and shoes worn by the youth shall also be searched. Strip Search of a youth shall be approved in advance by the Superintendent, or by the Assistant Superintendent in the absence of the Superintendent. Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandate that the center shall document and justify all searches.

All residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts except in the case of an emergency, by accident. All toilets have doors, and all showers have curtains. DJJ staff, both male and female supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff announce their presence when entering a housing unit.

A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process.

A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. All staff have received training on conducting Visual Search with transgender or intersex residents in a professional manner. Interview with random staff confirmed they had received training on intervention techniques. All the random interview staff confirmed that there have been no strip searches during the last 12 months. Compliance was determined by review of the training plan, interviews with staff and residents.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 404.1 Admission Screening for Physical and Mental Challenge

DJJ 702 Intake, Reception and Orientation

DJJ 723 Health Services

JGH SOP 907 Resident PREA Education

JGH SOP Staff PREA Education and Training

JGH SOP 205 Youth Rights

DJJ Policy 205 Youth Rights

Language Services MA

Translation Documentation Procedures

PREA training 2020

DJJ 301 Intake and Orientation

JGH SOP 301 Intake and Orientation

Trifold Spanish

PREA Youth Education-Male

PREA Youth Education-Female

Male Brochure

JGH - Resident Handbook

cover sheet 316 a-1_written material

JGH SOP Resident PREA education

DJJ includes policies and directives that residents with disabilities and residents who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary, to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.

Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:

The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The supervisor will notify the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. The center has contract with sign language interpretation, English as a second language interpreters, and written translation services. All staff indicated they would not utilize resident to provide interpretation services.

The center advocate program interviews and documentation verified that they center has Spanish interpretive services for residents that need victim advocate or confidential support services.

Compliance was determined by review of the MOUs and contracts with above, interviews with random staff and review of documented training programs utilized for resident education.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Initial background example
DJJ 106.3 Background Check
DJJ 134 Records Requests
DJJ 902 Personnel Procedures
DJJ 906 Reporting and Investigating PREA Violations
Contractor Background Emails
DJJ 102 Staff Code of Ethics
DJJ 134 Records Requests
PREA Requirements for DJJ Staff
KRS 61.872 Right to inspection – Limitation
2019 PREA background check 5 year
RE Background Check Protocol
PREA Requirements for DJJ Staff

NYDJJ shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.

1. 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).
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in 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.
4. DJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.
5. Before hiring new employees, who may have contact with youth, the division shall adhere to
6. DJJ shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

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. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. 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.

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.

DJJ policy mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The auditor requested Background and Child Registry verification for staff hired in the last year, staff, that had five years or more tenure at the facility and staff that were promoted. Background checks were furnished. The agency conducts background and child registry check on all staff a minimum of every four years. The last five year review for JGH was 2018. The Child Registry review was conducted. Compliance was determined by review of personnel and PREA policies, review of the background and Child Abuse/Neglect Registry checks randomly selected, interview of the PREA Coordinator, Facility Superintendent and Human Resources Staff.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Statement of Fact

Since the last PREA there have been no modifications to the building nor additional cameras or cameras upgraded.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 402 Access to Treatment
DJJ 404.6 Emergency Medical Services
DJJ 404.8 Hospital Care
DJJ 408.1 Forensic Information
DJJ 723 Health Services
DJJ 908 DJJ Response to a Report of a PREA Violation
JGH SOP 402-Access to Medical, Dental, and Mental Health
JGH SOP 404.6-Emergency Medical Services
JGH SOP 404.8-Hospital Care
JGH SOP 908 response to violation
Medical Provider Billing Letter 7.16.2020.docx
General Directive 10-02
JGH Response to a Report of a PREA Violation
Medical Services Provider Letter 2020
DJJ 404.6 Emergency Medical Services
Emergency Services Waiver
Hospital lists refer SANE staff
Hospital list pre facility
KASAP DJJ MOU Signed 08262020
KASAP RegionalMap_Dec2018_KASAP-8-5x14-01
KASAP SPOC List 2020
KRS 15A.020
500 KAR 13 020

DJJ policy includes upon learning that a resident may be at substantial risk of imminent sexual abuse or has been sexually abused, immediate corrective action shall be taken which shall include the protections of the resident(s).

All staff (including medical and mental health practitioners) shall report sexual abuse to the Facility Superintendent and notify PREA Coordinator by the "Hot line for reporting". All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally or administratively.

Kentucky Department of Juvenile Justice DJJ 908 DJJ Response to a Report of a PREA Violation contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. As requested by the victim, the victim's parent(s)/guardian(s), a victim advocate, or a trained or licensed DJJ direct care employee such as a Clinical Coordinator shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Kentucky Department of Juvenile Justice does not conduct their own investigations of sexual abuse and harassment. Internal Investigative Branch investigates sexual abuse/harassment for DJJ. In cases that are criminal in nature the Facility Superintendent would contact the local law enforcement. In other cases, the Internal Investigative Branch would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. Kentucky Department of Juvenile Justice has requested investigative unit follow 115.21 b standards in investigating sexual abuse or sexual harassment. Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, hotline or by using the center grievance process. A review of an investigation included all areas of this standard. There will be no time limit on when an allegation of sexual abuse can be reported.

The facility does have a MOU with Kentucky Association of Sexual Assault Program (KASAP). This MOU includes advocacy services and emotional support services. The Rising Center located in Hazard Kentucky provides victim advocacy and victim emotional support for residents at JGH center director was contacted and provided a review of the program and services available to residents at Jackson Group Home at no cost to the resident. The Advocacy program was awfully familiar with the Jackson Group Home program. She verbally provided qualification of advocacy staff at the program and the services they provide to residents at JGH. The facility has a memo agreement with Kentucky River Medical Center. The medical center staff interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with KASAP.

Exceed compliance was determined through the review of MOU with KASAP, Medical Center and memorandum from facility. Reviews of policies and incents also contributed to the finding

of exceed compliance. Interviews with Mental Health Provider, Medical Administrator, the Rising Center staff, and Medical Center also provided exceed compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations
 JGH SOP 906 Reporting and Investigating PREA Violations
 JGH SOP 908 response to violation
 Investigative Outcome to Resident
 DJJ 908 DJJ Response to a Report of a PREA Violation
 DJJ PREA Website
 SOP 906 Reporting JGH
 IIB website

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All staff are required to refer all alleged incidents of sexual abuse, harassment, or misconduct to Internal Investigative Branch for investigation and determination of child abuse. Additionally, all staff refer all allegations of sexual abuse and harassment to the Central Office and complete the DJJ Mandatory Reporting form. The DJJ PREA policy describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Kentucky DJJ's website. This information is available in both English and Spanish. Further the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. Staff including the Facility Superintendent and residents indicated that any allegations that are received by residents, staff, volunteers, or contractors would be "Hot Line" by the person with the most information when possible. During the last year there was one report of staff on resident sexual harassment that was investigated and determined to be substantiated. Compliance was verified by reviewing policies, procedures, agency website

and interviews with agency designee, Facility Superintendent, Investigator from IIB staff and residents.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 500 Definitions
DJJ 501 Training and Staff Development
DJJ 502.1 Field Training Instructor Program
DJJ 503 In-Service Training
DJJ Training Curriculum
DJJ 504 Registration- Record-Outside Training & Request
DJJ 506 Training Academy Operations
DJJ 911 DJJ Staff PREA Education and Training
PREA ANNUAL STAFF TNG 2019000
PREA Phase Trainings & Policies
DJJ SOP 4.3 Pre Service Training
DJJ SOP 4.7 Training Requirements, Specialized Staff Groups and Specialized Task Training
PREA Training 2020
PREA Phase Trainings & Policies
Phase 1 Curriculum and Acknowledgement Forms
Phase 2 Curriculum and Acknowledgement Forms
Phase 3 Acknowledgement Forms
Phase 3 new staff Curriculum and Acknowledgement Forms
Phase 4 Curriculum and Acknowledgement Forms
Phase 5 Curriculum and Acknowledgement Forms
Phase 8 Curriculum and Acknowledgement Forms
Phase 10 Curriculum and Acknowledgement Forms
Cross Gender and Transgender Pat Down Searches (Visual Search) training
acknowledgement
JGH Reports of Abuse or Harassment Memo 2021
PREA review

DJJ Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the residents will be trained on:

1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Residents' 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 sexual harassment.
5. The dynamics of sexual abuse and sexual harassment 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, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.
12. Cross Gender and Transgender/Intersex Visual Searches

All new employees sign the "Acknowledgement of New Hire Orientation PREA Training" form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training.

At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various online trainings. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.

The center provides a power point presentation of the training program provided to staff. The power point presentation provided all the information noted in the policy.

The Jackson Group Home also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs.

The agency has added a video training program on conducting cross gender or transgender and Intersex frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training.

At the facility, it was evident through documentation, interviews and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

A review of the training records of 8 staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy.

Standard 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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Volunteers and General Contractors Training

Contractor Phase One Training

DJJ 901 Zero Tolerance

DJJ 903 Prohibited Conduct of Staff Interns Volunteers & Contracted Staff

DJJ 911 DJJ Staff PREA Education and Training

PREA Phase 1 (Dentist - Dental Asst)

Teacher PREA

Volunteer Phase One Training

Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. Full-time contract staff with resident contact shall comply with the same. All volunteers, interns and contractors receive the PREA training and view the "Keeping Our Kids Safe" video that includes policies, PREA definitions, reporting requirements and other required procedures. All volunteers, interns and contractors receive and sign an acknowledgement form upon completion of the PREA training they received. The training consists of a power point presentation that includes policies, PREA definitions, reporting requirements and other required procedures.

Residents at JGH attend classes at the day reporting center located adjacent to the center. Staff at the center report to Breathitt County School. The staff at the day reporting program provided documentation that they had received PREA training during the last 12 months. Compliance was determined by review of the center policy, review of contractor files and interviews with the Facility Superintendent.

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*)
- JGH 300.1–Programs and Services 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.

The following policies, directives, memorandum and agency or facility supplements were

DJJ 907 Resident PREA Education
 JD SOP 31.7 Resident PREA Education
 PREA Education material
 DJJ 702 Intake, Reception and Orientation
 JGH - Resident Handbook

Acknowledgement-Youth Education
DJJ 301 Intake and Orientation
Male Brochure
Community Flyer-Girl2
PREA signed acknowledgement
Medical admissions check list blank
PREA requested information
PREA Youth Education-Male
PREA Youth Education-Female
PREA VIDEO - Show at Intake – English
PREA VIDEO - Show at Intake – Spanish
JGH SOP 907 Resident PREA Education
JGH Intake Paperwork
Youth PREA Acknowledgement

DJJ 907 Resident PREA Education mandate that PREA information, both orally and in writing for residents to receive comprehensive age-appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/ counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements.

Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both

receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. during the intake process. The counselor then meets with the residents to discuss the program objectives, answer his questions and then complete the formal PREA comprehensive training. The comprehensive training includes all element of the PREA standards. During this training the residents goes on a tour and is shown where the PREA telephone is located. All posters are reviewed with the resident. Residents are provided with a brochure from the victim advocate group and staff read the brochure to the residents. Throughout the stay at the center, residents receive training on PREA quarterly. All residents new the name of the victim advocate groups, how to contact them and the services they would provide. Compliance was confirmed by review of the training curriculum, interview with direct care staff, Facility Superintendent, and residents.

A review of four (4) resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an "Admissions Checklist" form and document the intake information on a progress note. An interview with the PREA Compliance managers and documentation confirmed PREA education is provided to all residents upon arrival to the facility and monthly. Resident are shown a PREA video upon arrival at the facility and the PCM discusses the PREA program with each resident upon arrival at the center. All resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. Further compliance was determined review of center policy, and language line services and training materials. Further compliance was determined by review of resident records and interviews with residents.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 140 Reporting of Special Incidents
 DJJ 906 Reporting and Investigating PREA Violations

The Department of Juvenile Justice does not conduct any form of administrative or criminal sexual abuse investigation. The Department of Juvenile Justice does conduct resident-on resident sexual harassment investigations through the Office of the Ombudsman. All other PREA related incidents or allegations or investigated by the Internal Investigative Branch. All IIB Investigators undergo an extensive training prior to conducting administrative investigations which includes the “Basic Investigation Training” requirement. Documentation review contained the training certificates and training history report of IIB confirmed completing the required initial and annual investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiate a case for administrative or prosecution referral. Also, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary, refer the information to the Kentucky State Police (KSP) for further investigation for the determination of criminal charges.

Information obtained through the investigator interview and training records of investigator documents compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 404.3 Health Assessment and Physical Examination
DJJ 404.3 Health Assessment and Physical Examination
DJJ 408.1 Forensic Information
DJJ 906 Reporting and Investigating PREA Violations
DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 911 DJJ Staff PREA Education and Training
SOP 904 Contracted Residential Entities
Jackson Group Home Medical and Mental Health Staff 2021
JGH SOP 906 Reporting
JGH SOP 908 response to violation
JGH SOP 911 Facility Education and training
K. Turner Medical Contractor Training 2021
phase 6 and 1 Dr Simon
SOP 906 Reporting JGH
Nurse Phase Six Training
PREA Phase 6 Medical-Mental Health 1
Signed training docs
Statement of Fact

DJJ 911 DJJ Staff PREA Education and Training mandates the medical and mental health staff (employee and contract) at the facility and are required to complete the basic PREA training and the specialized training for medical and mental health staff as required by KYDJJ. Documentation review confirmed both medical and mental health staff completed the initial required training (Phase 1 – PREA training and Phase 6 - Specialized Training: PREA Medical and Mental Care Standards curriculum). Both medical and mental health staff signed the “Acknowledgement of Phase 1 PREA Training” and “Acknowledgement of Phase 6 PREA Training” forms confirming completion of both annual trainings. In addition to the Zero Tolerance Policy, all full- and part-time medical and mental health care practitioners will be trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.

4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.
6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.
7. Jackson Group Home medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency for in conducting the investigation.

The facility provided training records indicated medical and mental health staff had attended medical specialized training. A review of the certification confirmed that the staff have received specialized training. Interview with the nurse and Psychologist and training file confirmed that they have attended specialized training.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics
DJJ 132 Privacy of Health Information
DJJ 149 Information Systems
DJJ 301 Intake and Orientation
DJJ 328 Individual Client Records
DJJ 905 Juvenile Vulnerability Assessment Procedure
Medical admissions check list blank
New Admissions Packet blank
PREA Acknowledgement forms blank
DJJ 702 Intake, Reception and Orientation
DJJ 705 Individual Client Records
DJJ 905 Prison Rape Elimination Act of 2003 (PREA)
Sample Booking/Screening
Introduction Letter

Instructional Video PDF
Quick Guide to administering the VSPA
VSPA-S-PDF
SOP 905 Vulnerability assessment JGH
PREA Acknowledgment JGH
Suicide Plan JGH
102-Code of Ethics JGH

The Kentucky Department of Juvenile Justice has developed a seamless system to provide youth in the State a Kentucky the best possible program to succeed. The Facility Superintendent meets with the resident in an informal setting to discuss the facility program and conducts the initial screening utilizing the PREA vulnerability review.

DJJ 702 Intake, Reception and Orientation mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. "The Victimization and Sexual/Physical Aggression Screener" (VSPA-S) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Also, policies require all residents to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Requires intake screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be LGBTQI or gender nonconforming. Residents are reassessed at a minimum two time a year and throughout their stay at the facility. The facility's policy limits staff access to this information on a "need to know basis". Also, prohibits the discipline of any resident for refusing to answer screening questions.

Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.

Resident assigned to the Facility receive a rescreening a minimum to two time per year. However, periodically throughout the resident's confinement information is obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a

resident. Information is gathered through staff conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff. This information will be placed in the resident's file and relayed to the Facility Superintendent and team leader on duty. If warranted, the supervisor will notify the Facility Superintendent to determine if further action is necessary. If residents indicate they have a history of sexual victimization the facility will enter a Hotline report and notify the resident's clinical supervisor and case manager. There was one resident that claimed history of victimization during the resident interviews.

Staff that conduct the intake of residents and administer the screening instrument were interviewed. The normal process is to review arrest or holding files and discuss the facility programs and expectation. During this process, resident or provide snacks and staff discuss any medical concerns that the resident might have. After building a report with the resident staff will introduce PREA and advise the resident there are some questions he would like to discuss with him to make sure that he/she is safe at the facility. Staff indicated they share with the residents that they are not trying to be invasive, however, the question are utilized to provide for his or her safety. I asked a resident that recently arrived at the facility to share his intake process. Based on this interview with the resident, the auditor interviews with intake staff were confirmed. Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Sample of a completed assessment

DJJ 717 Discipline

DJJ 905 Juvenile Vulnerability Assessment Procedure

DJJ 908 DJJ Response to a Report of a PREA Violation

JD 17. 5-Rules and Discipline, Disciplinary Procedures-approval

JD 32. 4 Juvenile Vulnerability Assessment Procedure

JD 32.7 JGH Response to a Report of a PREA Violation

JD 17. 3-Rules and Discipline, Discipline and Special Management-approval

DJJ 912 Sex Orientation and Gender Identity

Staff Alert

Statement of Fact

All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.

This facility does not house residents in isolation for a means of protective custody.

Jackson Group Home houses/beds all youth in two bedrooms, which house 4 youth each. There are no alternative housing/bedding arrangements. The center does keep youth

separated by making specific bunk assignments as needed or required. All relevant information regarding housing decisions are noted in the shift log and Bedroom Assignment Sheets for staff awareness.

The Facility Superintendent and assistant director will develop a plan of action to keep the resident safe. This can include moving to another group home, releasing to home confinement or holding resident in private office with staff one on one supervision until appropriate remedies can be assessed and implemented. Even during any period of separation from other residents, residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents separated from other residents shall receive daily visits from a medical or mental health care clinician.

Lesbian, gay, bisexual, transgender, questioning or intersex residents shall not be placed housing, bed, or other assignments solely based on such identification or status, nor shall agencies consider LGBTQI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex residents shall be given the opportunity to shower separately from other residents.

The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and Facility Superintendent interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Superintendent indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis. Residents with history of sexual victimization indicated she was interviewed by Medical staff during their initial intake into the facility. Compliance of this standard were determined by review of the screening instrument, interviews with nurse, intake staff, PCM and Facility Superintendent.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 205 Youth Rights 040519
DJJ 208 Youth Rights
Female Brochure
Male Brochure
Male flyer
YOUTH EDUCATION CURRICULUM GUIDE
Trifold foreign language
DJJ 132 Privacy of Health Information
DJJ 121 Youth Access to Courts, Attorneys and Law Enforcement Officials
DJJ 720.6 Family and Community Contact
DJJ 906 Reporting and Investigating PREA Violations
DJJ 907 Resident PREA Education
JGH Spanish Handbook 2019
JGH Resident Handbook 2019
JD 18 2 Rules and Discipline, Grievance Procedure
DJJ 140 Reporting of Special Incidents
DJJ 205 Youth Rights 040519
DJJ 720.6 Family and Community Contact
JGH SOP 321-Incident Reporting
JGH SOP 906 Reporting
JGH SOP 908 response to violation

500 KAR 13-020 Investigations – 2020
KRS 15A.020 2020
KRS 620.030 2020
DJJ 715 Incident Reports
DJJ 908 DJJ Response to a Report of a PREA Violation
Grievance Form
IIB Intake Report DJJ 2812-19
JD 32.7 JGH Response to a Report of a PREA Violation
National Child Abuse or Neglect Hotline

The above policies, MOUs and External reporting mechanism identified the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are IIB hotline, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the Ombudsman Office receives and forward reports of sexual abuse and sexual harassment to KYDJJ officials, allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation and correspondence) with their attorney and/or parent/guardian, staff providing access to the IIB hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents.

Residents have the right to privately report sexual assault, abuse, harassment or retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to Direct Care Staff, Volunteer, Intern, Supervisor, PREA Compliance Manager, and Assistant Regional Administrator

Kentucky Department of Juvenile Justice' youth are provided a youth handbook which includes the Child Abuse and Neglect hotline numbers: and a link to DJJ internet site <http://djj.ky.gov/pages/prea.aspx>. Residents have access to the hotline phone and are shown the phone during the initial tour of the facility.

Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, Facility Superintendent or the PREA Coordinator.

Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the Child Abuse hotline. Staff and Facility Superintendent confirmed that staff may report directly to the Facility Superintendent and he will coordinate with the staff to call the Child Abuse Hotline. However, it is the responsibility of the staff that receive or witness this action to assist the resident in making the call or for making the call to the child abuse hotline. All residents knew their responsibility to report any

allegations of sexual abuse or sexual harassment, including observation of such action by staff or other residents. There have been no allegations of sexual abuse or sexual harassment in the last 12 months.

Compliance was determined by review of posters, policy, and interview with staff, and residents.

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

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 706 Grievance Procedure
DJJ 140 Reporting of Special Incidents
DJJ 906 Reporting and Investigating PREA Violations
DJJ 702 Intake, Reception and Orientation
DJJ 906 Reporting and Investigating PREA Violations
DJJ 908 DJJ Response to a Rep of a PREA Violation
DJJ 209 Youth Access to Outside Investigative Agencies 04172015
KRS 15A.020 2020
DJJ 205 Youth Rights
JGH Policy 331-Grievance Procedure
JGH Policy 301-Intake and Orientation

DJJ 706 Grievance Procedure and DJJ 906 Reporting and Investigating PREA Violations allows a resident to submit a grievance regarding an allegation of sexual abuse with the following stipulations:

- There is no time limit for reporting allegations.
- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse,
- Permitted to file such requests on behalf of residents.
- Allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If a resident decline to have the request processed, the facility will document the residents' decision.
- Prohibits the requirement a resident must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse.
- Allows a resident to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint.
- Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by residents preparing any administrative appeal
- Allows the department to claim an extension of time to respond to a grievance up to seventy (70) days, with notification to the resident.

- Establishes an emergency grievance for a resident subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days.
- Prohibits the discipline of a resident for filing a grievance related to sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith.

The policy describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance box located in living/multi-purpose area of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The Juvenile Facility Superintendent will review the complaint immediately and advise the resident of the outcome or status of the investigation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. The facility's protocol indicated when a resident submits a grievance relating to sexual abuse or sexual harassment or sexual misconduct, staff will immediately report the alleged details of the allegation directly to their supervisor, Juvenile Facility Superintendent, and IIB hotline. The Juvenile Facility Superintendent will contact the KYDJJ Regional Director, KYDJJ PREA Coordinator, and KYDJJ Commissioner. A grievance regarding a PREA allegation is not processed as a grievance but is forwarded to the IIB for an investigation.

There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by residents in which the resident declined third-party assistance

Compliance was determined by review of policy and grievance logs, as well as an interview with the PREA compliance manager and residents.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Blank mail log
Female Brochure
JGH - Spanish Handbook 2019
KASAP SPOC List 2020
DJJ 908 DJJ Response to a Report of a PREA Violation
JGH - Resident Handbook 2019
DJJ 720 Programs and Services
DJJ 205 Youth Rights 040519 DJJ 132 Privacy of Health Information
PREA Youth Education-Female
KASAP DJJ MOU Signed08262020
DJJ 121 Youth Access to Courts, Attorneys and Law Enforcement Officials
DJJ 205 Youth Rights 040519
DJJ 720.6 Family and Community Contact
JGH SOP 121-Youth Access to Courts, Attorneys and Law Enforcement
JGH SOP 132-Privacy of Health Information
JGH SOP 208-Youth Rights
JGH SOP 300.1-Programs and Services
JGH SOP 906 Reporting

The agency has a MOU with Kentucky Association of Sexual Assault Program (KASAP). This MOU includes advocacy services and emotional support services. The Rising Center director was contacted and provided a review of the program and services available to residents at Jackson Group Home at no cost to the resident. She verbally provided qualification of advocacy staff at the program and the services they provide to residents at Jackson Group Home. The agreement allows resident to 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. The center has a posting throughout the center of outside support services available to residents. The child center advocacy services provide trained staff to support residents that request emotional support services. The advocacy services information is provided to resident that claim history of sexual victimization. The center has visitation schedules for all parents and guardians and residents can call their parents several times a week. Attorneys are provided private areas to meet with residents. All services for advocacy services, attorney visits and child victimization must comply with State and Federal laws of reporting of child abuse. Compliance was

determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Director of The Rising Center.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations
JD 32.5 Reporting and Investigating PREA Violations
IIB Website
JGH Memo 2021 - third party reporting info
DJJ Website
PREA Brochure

Posted Information
Memo from PREA Coordinator

DJJ shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DJJ Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through the Internal Investigations Branch (IIB) within the Justice and Public Safety Cabinet. The Justice Cabinet, Kentucky Department of Juvenile Justice & Internal Investigations Branch websites provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the Internal Investigations Branch Office. This information is reported directly to the State-wide PREA Compliance Manager who will inform the Juvenile Facility Superintendent. The other option is to go to the DJJ website for a hotline number that connects third party reporters to an investigating entity for the Department of Juvenile Justice. Both DJJ and IIB maintain a website for third party reporting. Reporting Posters were in the visitation room and the main lobby of the facility. Compliance was determined by reviewing the DJJ and IIB website and interviews with random staff and residents as well as review of policies and posters. The PREA Coordinator issued a memorandum that 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.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 100.1 Promulgation and Revision
DJJ 102 Staff Code of Ethics
DJJ 140 Reporting of Special Incidents
DJJ 205 Youth Rights 040519
DJJ 208 Youth Rights
DJJ 705 Individual Client Records
DJJ 906 Reporting and Investigating PREA Violations
DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 911 DJJ Staff PREA Education and Training
JD 32.5 Reporting and Investigating PREA Violations
DJJ 140 Reporting of Special Incidents
DJJ 104 Code of Conduct

JGH SOP 906 Reporting
JGH SOP 328-Individual Client Records
JGH SOP 208-Youth Rights
JGH SOP 102-Code of Ethics
JGH SOP 908 response to violation

DJJ 906 Reporting and Investigating PREA Violations and DJJ Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Upon receiving any allegation of sexual abuse, Facility Superintendent promptly reports allegations to the Agency PREA coordinator and to Internal Investigative Branch. Medical and Mental Health staff interviewed confirmed their responsibility to inform residents over 18 years old of their duty to report and limitations of confidentiality 

The Facility Superintendent will also notify the parent/legal guardianship of the child welfare system and the case service provider and mental health director. If a juvenile court retains jurisdiction over the alleged victim, the Facility Superintendent designee also reports the allegation to the juvenile's attorney or other legal representative.

DJJ policy mandates and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

There is a PREA reference/education binder located in master control containing the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident. There is a PREA first responder box (PREA Kit) located in master control that contains yellow caution tape, a digital camera, logbook, a copy of the PREA first responder checklist and a clipboard with a log to track who is using the items in the box. Interviews with the medical and mental health staff confirmed their responsibility to inform residents over 18 years old of their duty to report and limitations of confidentiality.

Compliance was determined by review of policies, training module, and interviews with direct care staff first responders that are not direct care staff, the Facility Superintendent, and the Agency Head and the PREA coordinator.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation
JD 1.24 Reporting and Investigating PREA violations
JD 1.25 Data Collections and Review
JD 31.9 DJJ Response to a Report of a PREA Violation
JGH 1st Responder Plan 2021
Statement of Fact

DJJ 908 DJJ Response to a Report of a PREA Violation requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the Facility Superintendent. Staff can move residents to an isolated area in the facility. If a staff is involved, the staff member will be separated from the resident population. If sexual abuse occurs, the facility will immediately contact the  Jackson Police Department and follow the coordinated response plan. The staff will then follow the mandatory reporting steps. There have been no instances where residents were at imminent danger of sexual abuse. Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the Facility Superintendent.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics
DJJ 140 Reporting of Special Incidents
DJJ 906 Reporting and Investigating PREA Violations
DJJ 908 DJJ Response to a Report of a PREA Violation
JGH SOP 908 response to violation
JGH 1st Responder Plan 2021
JGH SOP -140-Reporting of Special Incidents
JGH SOP 102-Code of Ethics
JGH Memo 2021 - no allegation from other facilities

An interview with Facility Superintendent and the PCM and memorandum indicated per policy an allegation made whereby a resident was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. The Facility Superintendent indicated he had received no allegations a resident was abused while confined at another facility or were there any allegations received from another facility during the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation
 JGH 1st Responder Plan 2021
 JGH SOP 908 response to violation
 Statement of Fact

The center trains all staff on first responder duties. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. The alleged perpetrator is kept physically separated from the alleged victim; ensure that alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation; Secure the crime scene (the victim and the perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom, until an investigator arrives on the scene); and document the incident. Based on the age of the victim the agency has a flow chart of staff actions to report and refer to investigative units. Interviewed non-security staff who may act as a first responder were familiar with the duties. All responders indicated they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. There was no allegation of sexual abuse during the last 12 months. Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including the maintenance staff that does not deal directly with resident.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

- JGH First Responder Plan 2021
- JGH Coordinated Response Plan 2021
- JGH SOP 908 response to violation
- JGH Reports of Abuse or Harassment 2021
- DJJ 908 DJJ Response to a Report of a PREA Violation

Kentucky DJJ Facility Manuals includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The center has published “Coordinated Response to Allegation of Sexual Abuse”. Kentucky Department of Juvenile Justice (DJJ 908 DJJ Response to a Report of a PREA Violation) provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contract medical and mental health professionals. JGH has a system in place providing the staff with clear actions to be taken by staff including contacting administrative staff, medical and mental health staff, contacting IIB and law enforcement, victim advocate services, & parent/guardian and several other individuals. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation. There was no allegation of sexual abuse that included staff on residents Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, nurse, Shift Supervisors, PREA compliance managers and PREA coordinator.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Collective Bargaining

Pursuant to 28 C.F.R. 115.366 of the Federal Prison Rape Elimination Standard (PREA), please be advised that the Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. The KYDJJ does not allow an entity to restrict the department's ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted. Memo provided the auditor and interviews with the KYDJJ Commissioner/PREA Compliance Manager, the auditor has determined the facility meets the requirements of the standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation

DJJ 907 Resident PREA Education
DJJ 906 Reporting and Investigating PREA Violations
DJJ 205 Youth Rights 040519
DJJ 208 Youth Rights
DJJ 140 Reporting of Special Incidents
JGH Memo 2021 - Retaliation Officers

DJJ 908 DJJ Response to a Report of a PREA Violation establishes for protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. At Jackson Group Home , the Youth Services Program Supervisor (YSPS) and Facility Superintendent provide monitoring. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation. Compliance was determined by review of policy, retaliation monitoring forms, interview retaliation monitor and PREA Compliance Manager.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 905 Juvenile Vulnerability Assessment Procedure
DJJ 912 Sex Orientation and Gender Identity JD 32.7
JGH Response to a Report of a PREA Violation
DJJ 906 Reporting and Investigating PREA Violations
DJJ 318 Behavior Management
DJJ 323 Isolation
JGH Memo 2021 - Isolation Access
JGH Memo 2021 - No Isolation
JGH SOP 318-Behavior Management
JGH SOP 323-Isolation
JGH SOP 908 response to violation
JGH SOP 912 Sexual Orientation and Gender identity JGH
Statement of Fact

DJJ 908 DJJ Response to a Report of a PREA Violation mandates resident may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe and only until alternative means of keeping all resident's safe can be arranged. Jackson Group Home provided a statement of fact that this facility does not house residents in isolation for a means of protective custody. Interviews the Facility Superintendent, YSPS and PCM all stated they would develop a plan to protect the resident. If no other alternative is available, the resident could be moved to another group home. According to the Facility Superintendent, group home resident would not be housed in a facility other than another group home. The facility has no historical record of ever utilizing segregation or isolation of a resident at Jackson Group Home in order to protect residents from others due to a threat and allegation of sexual abuse or sexual harassment. Compliance was determined by review of policy interviews with Facility Superintendent and YSPS.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Mail log showing notification
DJJ 102 Staff Code of Ethics
DJJ 133 Ombudsman
DJJ 140 Reporting of Special Incidents
DJJ 142 Staff Involved in Special Incident Allegations
DJJ 408.1 Forensic Information
DJJ 901 Zero Tolerance
DJJ 906 Reporting and Investigating PREA Violations
DJJ 908 DJJ Response to a Report of a PREA Violation
IIB Intake Report DJJ 2812-19 
IIB-001 DJJ Case Assignment Investigations

IIB-002 Receipt of Calls Hotline
IIB-013 PREA Investigations
JGH Memo 2021 - No Reported Incidents Updated

DJJ 908 DJJ Response to a Report of a PREA Violation establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. Kentucky Department of Juvenile Justice does not conduct their own investigations of sexual abuse and harassment.

Internal Investigative Branch or Department of Juvenile Justice Ombudsman investigates all allegations that are not criminal. Criminal Investigation or referred to the Kentucky State Police (KSP) for investigation and determination of criminal charges. In cases that are criminal in nature the Facility Superintendent would contact the local law enforcement. In other cases, the IIB would conduct the investigation or notify KSP. The Ombudsman investigates resident on resident sexual harassment.

Kentucky Department of Juvenile Justice has requested the agencies that conduct allegation of sexual abuse or sexual harassment follow the PREA standards. The investigators of IIB have attended investigating sexual abuse in a secure confinement. Once the Internal Investigative Unit receives the notification of allegations of sexual assault or abuse the Unit assigns and investigator. Allegations that indicate imminent danger to a facility resident must be initiated immediately. Immediate action must be taken to assure the safety of the resident whenever the resident's safety is at issue. Immediate action could include contacting the facility superintendent, the Regional Division Director, the DJJ Administrative Staff, or the appropriate law enforcement agency for the facility. The contact is to assure the alleged victim is safe and will not have contact with the alleged offender at least until the investigation is complete. In allegations that indicate the resident may be imminent danger, personal contact with the alleged victim (telephone contact is acceptable) shall be made within 24 hours to assess the incident and assure their safety.

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. 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. 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.

The investigator should review any available information relevant to the allegation under investigation. This could include policies, regulations, and prior investigations that might relate to the current investigation. When reporting to the facility, the investigator shall notify the superintendent, or the highest-ranking official at the facility of their presence. If the superintendent is available, they should be briefed as to the nature of the investigation, unless the superintendent is a principal in the investigation. The superintendent, or their designee, should be utilized to obtain any documentation of the incident. The Director of IIB interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the Director of IIB indicated an investigation does not cease until completed, regardless of if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation.

Any criminal investigations are conducted by local law enforcement of Kentucky State Police and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in the Internal Investigations Branch in accordance with the state retention schedule. Interviews with Facility Superintendent and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

As part of the responsive planning Jackson Group Home 's staff are trained on protecting the crimes scene and cooperating with investigative units. There has been no allegation of sexual abuse made at Jackson Group Home during the last 12 months. There was no allegation of sexual harassment made.

Compliance was determined by review of first responder duties and interviews with PREA Coordinator, IIB investigator and Facility Superintendent.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

IIB-001 DJJ Case Assignment Investigations

IIB-001 DJJ Case Assignment Investigations requires that 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).

Compliance of the standard was determined by reviewing the policy, investigative report and interview with the agency PREA coordinator and PREA compliance manager.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations
115.373 a1 memo
DJJ 906 Reporting and Investigating PREA Violations
DJJ 715 Incident Reports
DJJ 140 Reporting of Special Incidents
DJJ Policy 9.18 PREA
IIB-001 DJJ Case Assignment Investigations
JGH Reports of Abuse or Harassment Memo 2021
Statement of Fact

The PREA policy mandates reporting to residents. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the allegations were determined to be unfounded) whenever:

- (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency center, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit.
- (2) The staff member is no longer employed at the center.
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the center; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the center; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the center.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Following an investigation of sexual harassment resident was provided a memo from Facility Superintendent that resident assigned receipt. There have been no allegations of sexual abuse or sexual harassment. The facility does not investigate sexual abuse allegations. Compliance was determined memo from the facility superintendent to the resident and documentation of mailing report to a previous resident.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations
DJJ 902 Personnel Procedures

DJJ 901 Zero Tolerance
DJJ 105 Management Response to Work Guideline Violations
DJJ 104 Code of Conduct
JGH SOP 906 Reporting
104-JGH SOP Code of Conduct
105-JGH SOP Management Response to Work Guideline Violations
142-JGH SOP Staff Involved in Special Incident Allegations
JGH SOP 901 Zero tolerance
JGH SOP 902 Personnel procedures
Statement of Fact

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.

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.

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 KSP and the local prosecutor's office for criminal prosecution.

Compliance was determined by review agency policies and interviews with agency designee and PREA coordinator.

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

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 911 DJJ Staff PREA Education and Training
DJJ 901 Zero Tolerance
DJJ 104 Code of Conduct
104-JGH SOP Code of Conduct
JGH SOP 901 Zero tolerance
JGH Memo 2021 - volunteer and contractor
JGH MEMO 2021 - No contractor abuse
Statement of Fact

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the policies require the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's

sexual abuse and harassment policies by contractors or volunteers. There have been no incidents involving contractor or volunteers violating PREA standards. The facility residents attend a day reporting education program located on the ground of the Group Home. The teachers undergo training by the school system and attend all applicable phases of the DJJ Education Program. Educators sign an acknowledgement of training program that includes violation of sexual abuse or sexual harassment will require remedial measures and if it were criminal the teacher would be reported to local law enforcement and reported to the State Licensing board.

Compliance was determined by review of contractor files and interview with Facility Superintendent.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

JD 17 3-Rules and Discipline, Discipline and Special Management-approval
DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 907 Resident PREA Education
DJJ 906 Reporting and Investigating PREA Violations
DJJ 901 Zero Tolerance
DJJ 718 Disciplinary Review
DJJ 717 Discipline
DJJ 205 Youth Rights 040519
JGH SOP 908 response to violation
JGH SOP 907 Resident PREA Education
JGH SOP 911 Facility Education and training
JGH SOP 318-Behavior Management
JGH SOP 208-Youth Rights

It is the policy of DJJ that discipline shall be administered in a way to create a learning experience for the youth and shall never be of a nature or administered in a way that will degrade or humiliate. Alternatives shall be provided for out-of-control youth who require special behavior management. Special behavior management programs shall be individualized. Corporal punishment; the use of instruments of restraint such as handcuffs and leg irons; personal abuse; personal injury; personal property damage; harassment; and the denial of food, including snacks, shall be prohibited as disciplinary consequences.

Each Group Home shall develop a written set of disciplinary regulations governing youth major and minor rule violations that provide consequences commensurate with the seriousness of the misbehavior. These regulations shall be approved by the Regional Facilities Administrator, reviewed annually and updated as needed. Youth shall be informed upon admission of facility rules and possible consequences. The rules and possible consequences shall be included in the Resident Handbook for staff and youth to review. Youth shall be required to sign a Statement of Understanding Form.

Several DJJ policies requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false,

may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the KYDJJ Director of Program Services/ PREA Compliance Manager. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting PREA Audit. Sanctions to be 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. Policy requires consideration whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will make a consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. The Statement of Fact indicated during this audit period this facility has not had any incidents that require discipline for residents for having sexual conduct.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 905 Juvenile Vulnerability Assessment Procedure
DJJ 723 Health Services
DJJ 700 Detention Services Delivery System
DJJ 404.3 Health Assessment and Physical Examination

DJJ 404.1 Admission Screening for Physical and Mental Challenge
DJJ 403 Medical Records
DJJ 132 Privacy of Health Information
VASPAS Screener
Sexual abuse assault form
Mental health referral
MAYSI assessment and Secondary
Follow up form 381
Mental Health Referral Form
Sample ICR
KY Statue 620.030 2020
KRS 600.020 2020
MAYSI Questionnaire
Observation Log JGH
132 JGH-SOP-Privacy of Health Information
JGH Memo 2021-Referral Form Not Used
Permission to release
Statement of Fact

If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the Facility Superintendent or other intake officer shall document the information on the Follow up Notification Form.

Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

The medical and mental health staff interviews confirmed although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility. The medical and mental health staff provide a Parent/Guardian Consent Form by phone or in person and have the

parent/guardian sign the form. Under State statute the facility is not required to ask for consent in reporting allegation of victimizations, however the form provide other information on releasing information for treatment and reporting duties.

Compliance was determined by review of policy, intake screening documentations and interviews with mental health and medical staff, Facility Superintendent, and PREA coordinator.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Resident medical treatment forms
DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 907 Resident PREA Education
DJJ 723 Health Services
DJJ 720.5 Social Services
DJJ 404.6 Emergency Medical Services
DJJ 402 Access to Treatment
DJJ 205 Youth Rights 040519
DJJ Policy 9.18 PREA
Mental Health Referral Form
Follow up form 381
Statement of Fact

DJJ 908 DJJ Response to a Report of a PREA Violation requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. The facility utilizes Local Hospital for emergency medical treatment and the Kentucky Association of Sexual Assault Program for advocacy services in cases of sexual abuse.

The evaluation and treatment shall 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. Medical and mental health

services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation of the incident. The center shall 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. The center mental health practitioners will determine the length of treatment needed.

As part of the programs at Kentucky DJJ is the Social Services program. Each youth shall be assigned a Youth Counselor at intake. The Youth Counselor shall work under the supervision of the Facility Superintendent or qualified designee in coordinating the social service component of the program. The Youth Counselor shall provide and arrange for mental health counseling and crisis intervention services in accordance with identified needs. The Youth Counselor may work with the youth and family to ensure that appropriate community services are acquired to meet the specific needs of each youth. The Youth Counselor shall document all social service activities, counseling services and referrals in the youth's record.

Compliance was determined by review of policy, and interview with resident, mental health, and medical staff.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation
DJJ 905 Juvenile Vulnerability Assessment Procedure
DJJ 723 Health Services
DJJ 720.5 Social Services
DJJ 416.1 Infection Communicable Disease
DJJ 405.5 Mental Health Emergencies
DJJ 405.3 Referral for Mental Health Service
DJJ 405.1 Mental Health Assessment Evaluation
DJJ 405 Mental Health Services Administration & Personnel
DJJ 404.11 Perinatal Care
DJJ 404.6 Emergency Medical Services
DJJ 404.3 Health Assessment and Physical Examination
DJJ 402.1 Continuity of Care
DJJ 402 Access to Treatment
DJJ 400.1 Health Services
DJJ 205 Youth Rights 040519
403-JGH_SOP Medical Records
132 JGH-SOP-Privacy of Health Information
DJJ 208 Youth Rights
QMHP note 2021

Kentucky Department of Juvenile Justice requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Local Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of

alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months.

The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation of the incident.

The agency will 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 Clinician. This would include working with The Rising Center advocacy program and revisiting the resident's treatment plan. If the resident is release to other victim advocate geographical area, the facility or The Rising Center would refer the parents/guardian and resident to that center. All victim advocate centers are part of the Kentucky Association of Sexual Assault Programs. The resident treatment plan is formulated by a team of care givers and is finalized by a review and in many cases an interview with an agency clinical director. The Youth Counselor may work with the youth and family to ensure that appropriate community services are acquired to meet the specific needs of each youth. The Youth Counselor shall document all social service activities, counseling services and referrals in the youth's record.

If the perpetrator were a resident, he/she would also be referred to the case manager and clinical director to review the resident's treatment plan and update appropriate mental health interventions.

The center shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been a perpetrator of sexual abuse in a juvenile center (substantiated investigations). The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care.

Compliance was determined by review of the first responder program, coordinated response plan and center policy. A review of a coordinated treatment plan following a finding of sexual abuse included all components of this standard. Compliance was also determined by interview with victim advocacy program, mental health staff and review of the agency.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review
PREA INCIDENT DEBRIEF Form 2020
PREA Debrief Process
(DJJ) Policy 9.18 (Prison Rape Elimination Act of 2003).
JGH SOP 909 Data collection
JGH Reports of Abuse or Harassment Memo 2021
JGH Memo 2021 - No Incident Debrief

DJJ requires 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. Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, the review team shall review the case and:

- (a) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (b) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (c) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (d) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (e) Documentation for any recommendation not implemented shall be maintained.

There have been no allegation of sexual abuse or sexual assault in the last 12 months. The agency has developed and implemented an Incident Review Form that includes all elements of the standards and requires all staff member of the IRT sign the form. The form is then forwarded to the regional administrator and the Agency PREA Coordinator.

Compliance was determined by review of the Incident Review Team Policy and interviews with the incident review team members, Facility Superintendent and YSPS.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review
DJJ 900 Definitions
Ombudsman
Memo of Clarification 115.387 a-2
SSV 2018 (Survey of Sexual Victimization)
2019 PREA SSV Report

DJJ policy requires the collection of accurate, uniform data for every allegation of sexual assault by each facility under the supervision of DJJ including contract facilities. The center collects, review and forwards data of sexual abuse or sexual harassment to the assistant regional director for review and approval. The center director forwards the completed data collection form to the PREA coordinator and Ombudsman. The Ombudsman maintains a PREA Incident Tracking system. The DJJ PREA Coordinator reviews the submitted data and has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2019 annual report revealed it was completed and in accordance with this standard. This information is on the agency's website.

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.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SSV 2018 (Survey of Sexual Victimization)
2019 PREA SSV Report
PREA 2014
Ombudsman Memo of Clarification 115.388 a-1-1 2020
Annual Report 2018
DJJ Website Info
Statement of Fact
DJJ 909 Data Collection and Review

DJJ 909 Data Collection and Review requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2019 annual Report indicated compliance with the standard and included all the required elements. The DJJ 2019 Annual Report is posted and readily available on the Kentucky DJJ Website for public review.

This data is used to improve the department as a whole and prevent sexual abuse. Problem areas will be reviewed and corrected as needed or at least once a year. The data collected will be compared to last year's data in order to find out if we have made progress in detecting sexual abuse and responded according to our policies. Any material that is redacted from the final report will be reported to the Agency PREA coordinator. JGH provided documentation that during this review period there have been no substantiated investigations requiring development of an action plan.

Compliance was determined by interview with agency PREA Coordinator, Agency Head Designee and review for Agency Website. During the review of 2019 data base, it was determined that the agency had four allegations of sexual abuse. Three were not substantiated allegations of sexual abuse or sexual harassment.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review
DJJ 149 Information Systems
DJJ 132 Privacy of Health Information
DJJ PREA Website
DJJ Records Retention Schedule

DJJ 909 Data Collection and Review requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The website included State and privately operated facilities. Compliance was determined by review of the website and interview with the agency PREA coordinator. JGH website is http://djj.ky.gov/pages/prea_facility_report/Jackson_Group_Home

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.

Jackson Group Home was audited in March 2017. There was no correspondence received because of the audit postings. The center provided a date stamp picture assuring the information remained on the center interior bulletin boards.

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 appeals 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.

All PREA Audit Reports are maintained on the Agency’s website. This was verified through reviewing the website. The website can be reviewed through

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.

Robert Manville _____

May 15, 2021 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c7c110> .

² See PREA Auditor Handbook, Version 1.0, August 2017; Pages 68-69.

