

PREA Facility Audit Report: Final

Name of Facility: Warren Regional Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 07/15/2023

Date Final Report Submitted: 02/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: J. Aaron Keech	Date of Signature: 02/11/ 2024

AUDITOR INFORMATION	
Auditor name:	Keech, Aaron
Email:	akeech37@gmail.com
Start Date of On-Site Audit:	04/26/2023
End Date of On-Site Audit:	04/27/2023

FACILITY INFORMATION	
Facility name:	Warren Regional Juvenile Detention Center
Facility physical address:	1020 Kentucky Street , Bowling Green , Kentucky - 42101
Facility mailing address:	

Primary Contact	
Name:	Kevin Foster
Email Address:	KevinA.Foster@ky.gov
Telephone Number:	5028924356

Superintendent/Director/Administrator	
Name:	Kevin Foster
Email Address:	KevinA.Foster@ky.gov
Telephone Number:	5028924356

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Belinda White
Email Address:	BelindaJ.White@ky.gov
Telephone Number:	502-892-4380

Facility Characteristics	
Designed facility capacity:	43
Current population of facility:	31
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	11-18.5
Facility security levels/resident custody levels:	4
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Kentucky Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	1025 Capital Center Drive, Suite 300, Kentucky - 40601
Mailing Address:	
Telephone number:	5025732738

Agency Chief Executive Officer Information:

Name:	Larry Chandler, Interim Commissioner
Email Address:	larry.chandler@ky.gov
Telephone Number:	502-573-2738

Agency-Wide PREA Coordinator Information

Name:	Dena Burton	Email Address:	denag.burton@ky.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

42

Number of standards not met:

1

- 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-26
2. End date of the onsite portion of the audit:	2023-04-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor communicated with community based organizations to include Just Detention International, Kentucky Association of Sexual Assault Programs, Hope Harbor Inc. and the organizations stated they do not have any reports of any sexual related information related to Warren Juvenile Detention Center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	43
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	33
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>20</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>4</p>
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>No text provided.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>11</p>
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>On the two site review days, the auditor interviewed a total of 14 residents, 10 random resident interviews and 3 targeted resident interviews. The 3 targeted interviews were characterized as cognitive disabilities. There were no youth within the population characterized as LEP, LGBTI, reported sexual abuse, disclosed prior sexual victimization, segregated housing/isolation for risk of sexual victimization, deaf or hearing impaired, physical disability, or low vision or blind.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor collaborated with the Superintendent to ensure there was a diverse selection of residents to interview. The facility provided a resident roster sorted by name, age, race, length of time in the facility, and housing assignment. During resident interviews, in order to gain a greater perspective of resident characteristics, the auditor asked each resident about theirs and other residents housed in the facility. Supporting documentation was reviewed to determine if population existed in the audited facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>On the two site review days, The auditor interviewed a total of sixteen random staff from different shifts and thirty-four specialized staff interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>34</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	SAFE nurse from local hospital and Rape Crisis Center Counselor
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no volunteers assigned to the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor had access to the entire facility property and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor tested the grievance process by placing a form in one grievance box. The Facility Superintendent notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy. With regards to resident's ability to report sexual abuse in a written format, send and receive mail, accessibility to mail drop boxes is in areas accessible to resident. Drop boxes are clearly identified, secured by a lock and key, and access to the boxes are limited to the facility Superintendent and YSPS. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents by dialing the IIB Hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing. A test call was completed using the external/private entity number and center staff responded immediately while she also explained the reporting and investigating process when a resident reports sexual abuse and harassment. Review of the unit logbooks indicated entries were not documented within policy mandates.

During the on-site tour, it was observed the number of staff (including security and non-security staff) and staffing patterns during every shift, including: staffing ratios in the housing unit during waking hours and sleeping hours (staffing ratios refer to the minimum number of staff to residents to ensure the sexual safety of juveniles during waking and non-waking hours were not being

met on all living units. Few staff were supervising youth when conducted the required security checks. Staff were assigned to one or two living unit and the staffing ratio was improving. The auditor observed two units that had a ratio of 1:9, above the 1:8 waking hours ratio requirement. The auditor also reviewed the facility schematics, location of cameras and security mirrors and searches being conducted. Resident were able to shower, dress and use the toilet facilities on an irregular basis without exposing themselves to employees of the opposite gender. During the tour, it was observed that all shower and bathroom areas allowed for privacy. Informal and formal conversations with employees and offenders were conducted. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

- Ten (10) resident social, medical and mental health files, paper and/or electronic files. Files were accurate, organized, complete, and secured within the facility administrators office.
- Sixteen (16) human resource files of current staff, volunteers, and contractors
- Unannounced rounds/facility forms
- Shift status reports past 12 months
- Unit Logbooks
- Ten (10) Resident Medical Files

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero (0) sexual abuse or sexual harassment allegations or investigations during the twelve month reporting period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero (0) sexual abuse or sexual harassment allegations or investigations during the twelve month reporting period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero (0) sexual abuse or sexual harassment allegations or investigations during the twelve month reporting period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy and Supporting Documents Reviewed, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, reviewed November 2016 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct, reviewed November 2016 • Kentucky Department of Juvenile Justice Agency Organizational Chart dated September 26, 2019 • Agency Organizational Chart

- Warren Regional Juvenile Detention Center Organizational Chart 3/3/23
- Facility Schematic
- Agency Mission Statement
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Head/Designee/PREA Justice Program Supervisor
- Facility Superintendent/PREA Coordinator

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

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

The policy, page 2, section C, 1-4, states the Commissioner shall be the Appointing Authority for the Department. As the Appointing Authority, the Commissioner may delegate authority to any staff person to execute the business of the Department. 1. DJJ shall appoint an Agency PREA Coordinator to oversee and manage departmental compliance with the PREA standards, develop established Department policy, and facilitate PREA training. 2. The Commissioner, Deputy Commissioner, and the Agency PREA Coordinator shall work collaboratively to make sure that the lines of communication are open and clear, regarding PREA related matters throughout DJJ and facilitate a communication system of response when a PREA violation has occurred. 3. DJJ staff shall cooperate with the Internal Investigations Branch (IIB) and the Agency PREA Coordinator when a PREA violation has been alleged or has occurred within the Department to maintain the fidelity of the investigation process and to provide services to the juveniles. 4. Each DJJ Superintendent shall designate a Facility PREA Coordinator to train facility staff, interns, volunteers, and contractors and manage facility compliance with the PREA standards. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 901 requires the facility Superintendent shall designate a Facility PREA Coordinator to train facility staff and manage facility compliance with the PREA standards.

The agency provided the Kentucky Department of Juvenile Justice Agency Organizational Chart which indicates the Justice Program Supervisor position is part of the agency leadership team, reporting namely to the Deputy Commissioner of the Office of Program Operations. The Justice Program Supervisor is designated as the Agency PREA Compliance Officer/PREA Coordinator (PC) and has access to the agency's most senior leader, and agency Commissioner.

According to the agency organizational chart, the PREA Justice Program Supervisor oversees PREA standard implementation to twenty-two (22) facility PREA Coordinators. Every group home, juvenile detention center, and youth development centers throughout the agency has PREA Compliance Managers, however their titles are PREA Coordinators. The Warren Regional Juvenile Detention Center Organizational Chart dated 2022 indicates the Assistant Superintendent I is designated as the facility's PREA Coordinator. This position reports directly to the Facility Regional Administrator. Based on the agency's PREA policy and facility standard operating procedure and supporting documentation, the agency has a comprehensive approach to prevention, detection, responding and reporting and the procedures that have been implemented meets the standard. Furthermore, the supporting documentation clearly indicates the agency and facility take PREA implementation seriously and shows implementation performance daily.

Interview Results:

- The Justice Program Supervisor confirmed the appointment, qualifications, and continued efforts of the PREA Compliance Officer and the Agency Designee.
- Interview with the Agency Designee/Justice Program Supervisor indicates she is extremely knowledgeable and educated on the PREA Standards. The PREA Compliance Officer is committed to implementing PREA in the Commonwealth of Kentucky. She has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. The PREA Justice Program Supervisor is directly responsible for overseeing twenty-two (22) facility PREA Coordinator and assists and provides advice to private providers who serve Kentucky youth.
- The Justice Program Supervisor facilitates meetings with the facility PREA Coordinators to discuss any needs, problems, ideas, or suggestions for improvement. She further indicated there are annual PREA training, conducts conference calls on a quarterly basis, and when necessary weekly telephone calls to check in with PREA Coordinators. There is an internal monitoring system and conduct an annual PREA audit.
- Interview with the facility Superintendent confirmed he is designated as the facility's PREA Coordinator.
- Interview with the facility Superintendent indicated they are knowledgeable and educated on the PREA Standards based on their years of experience with implementing PREA within the facility.
- The Superintendent oversees the facility's efforts to comply with the PREA standards further and has indicated he has enough time to manage all the

	<p>PREA related responsibilities. When he identifies any compliance issues, he informs and processes any issues with the Regional Facility Administrator and PREA Justice Program Supervisor.</p> <ul style="list-style-type: none"> • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Agreement Terms and Conditions for nine (9) Private Child Care Placements <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head Designee, Justice Program Supervisor; PREA Coordinator/ Contract Administrator <p>The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, page 1, section 1, policy section, requires private child care facilities and detention centers that have contracts with the Department of Juvenile Justice (DJJ), to care for juveniles, shall institute zero tolerance policies and protocols to prohibit the sexual abuse, sexual harassment, sexual contact, or any sexual offenses directed toward a juvenile who is placed in the custody, care, or supervision of that private child care facility or detention center by DJJ. In Section 4, procedures, requires A. All contracts with a private childcare facility and detention center shall have language that requires the contract provider and all staff that are employed by that entity to comply with the Prison Rape Elimination Act of 2003 (PREA) standards detailed within their respective contracts. B. DJJ shall only contract with private child-care facilities and detention centers that have PREA policies and protocols in effect to protect youth that are placed in their custody, care, or supervision by DJJ. C. All contracted private child-care facilities, child placing agencies, and detention centers shall provide DJJ</p>

with a copy of their PREA policies and procedures. D. Detention centers that contract with DJJ shall be monitored for PREA compliance by the Department.

In section 6, Monitoring Mechanism states the Agency PREA Compliance Officer or designee shall conduct an annual audit to verify that staff in contracted private childcare facilities, child placing agencies, and detention centers, are being trained regarding the PREA standards detailed within their contracts and that these entities have incorporated PREA practices into business operations. The Kentucky Department of Juvenile Justice contracts for the confinement of residents and since the last PREA audit was a total of nine (9). KDJJ contracts for the confinement of residents as follows: All God's Children's Inc., Father Maloney's Boys Haven, Inc., Foothills Academy Inc., Gateway Juvenile Diversion Project Inc., Kinder Haven Inc., Methodist Home Inc., NECCO Inc., Ramey Estep, and Specialized Alternatives for Families and Youth of Kentucky-SAFY.

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

The Commonwealth will conduct a mock-audit prior to the DOJ PREA audit. 33. If the Contractor's facility is a treatment center governed by federal confidentiality laws and regulations that prohibit the release of residents' identifying information, upon intake of a resident, request that the resident sign a written consent form that authorizes facility personnel to release the resident's identifying information in response to a request from the IIB, or a Commonwealth employee, conducting an administrative PREA investigation at the facility regarding an allegation of sexual abuse or harassment."

The Agency Designee/Justice Program Supervisor indicated that none of the Department's contractual PCC's will not have a population nor placement over 50% of DJJ residents. Due to this procedure, there is no need for PREA monitoring by the

	<p>agency.</p> <p>A review of the Pre-Audit Questionnaire and confirmed by staff interviews:</p> <ul style="list-style-type: none"> • On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies: 9. • The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0. <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency level designee, Justice Program Supervisor confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contacts. The Justice Program Supervisor continually monitors confinement facilities for PREA compliance on an annual basis. The Contract Administrator- Justice Program Supervisor, explained that contracts with private providers or entities are renewed on a twelve-month basis and contracts with confinement facilities. All nine private provider memorandums were last updated in 2021-22. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, revised January 6, 2021 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 910, Facility Security Management, reviewed 11/2016 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 707, Detention Services, Security and Control, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 709, Detention Services, Bed Capacities and Staffing of Juvenile Detention Centers

- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- WRJDC Staffing Plan Development Process Form 2022
- WRJDC Staffing Plan Development Process Form 2023
- Operational Meeting Minutes June, August 2022, November 23, 2022
- All Staff Meeting Minutes 3/7/23
- WRJDC Departmental Meeting Minutes January 19, 2022, March 17, 2022, April 20, 2022, May 18, 2022, September 15, 2022, October 6, 2022, November 30, 2022
- Staff Schedule 2022-2023
- WRJDC Shift Reports March 2022- December 2023
- Staff to Youth Ratio Reports for past 12 months
- Staffing Plan 2022, 2023
- WRJDC Youth Worker Schedule for period of last 12 months
- Warren Regional Juvenile Detention Center Program Description
- Unannounced Facility Visit (Rounds) sheets dated 2022 and 2023
- Video Monitoring Camera List

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, requires staffing for the supervision of youth shall be sufficient on each shift to ensure the safety of youth and staff, to maintain the security of the facility and to facilitate youth access to staff, programs, and services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, PREA, Facility Security Management, A. Staff shall maintain accountability for youth movement within DJJ facilities. B. Staff shall conduct head counts of the population and implement procedures to regulate and control youth movement within the facility and during authorized movement outside the facility. C. Each Superintendent shall establish the minimum number of staff that shall be on duty. Each facility shall meet the minimum staffing requirements for each shift. D. Areas occupied by youth shall be supervised by DJJ staff. D. Areas occupied by youth shall be supervised by DJJ staff. E. Facility staff shall be assigned to shifts to maintain appropriate staff to youth ratios at all times. Each shift shall have a designated supervisor that is responsible for determining the presence of sufficient staff and staffing patterns and take the necessary action to correct deficiencies. F. DJJ detention and YDC facilities shall maintain eight to one (8:1) juvenile-to-staff ratios during waking hours and sixteen to one (16:1) juvenile-to-staff ratio during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Group homes shall maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours. G. If an insufficient number of facility staff report for duty to meet the minimum requirements, the Superintendent or designee shall initiate measures to call in or maintain sufficient staff to meet the minimum coverage requirements. Overtime shall be avoided, but the provision of sufficient security staff shall take

priority. H. Staff shall remain at their respective posts until relieved or otherwise authorized to leave the post. I. The Superintendent or management designee shall visit the facility at least once per week outside of normal business hours. The visits shall be planned and coordinated to observe facility operations. Observation of the entire facility shall not have to be completed, but each area below shall be reviewed: 1. Youth in isolation; 2. Sleeping areas; 3. Control room; 4. Counseling sessions or group counseling sessions; and 5. Recreation areas. J. Each DJJ facility shall use a video monitoring system to assist in ensuring the safety, security, and general well-being of youth and staff. K. Video monitoring shall not substitute for appropriate supervision of youth. L. DJJ shall maintain video systems that are functional and maintained in proper working order. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 910, Facility Security Management does not comply with policy 910 with regards to the required staffing ratio of 8:1 during waking hours and 16:1 during non-waking hours. The SOP states the ratio as 12:1 during waking hours and 16:1 during non-waking hours.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 707, Detention Services, Bed Capacities and Staffing of Juvenile Detention Centers, policy section requires the number of juveniles placed at any DJJ regional juvenile detention center shall not exceed the facility's recommended maximum bed capacity without notification forwarded to the Division Director. Adequate staff shall be maintained in each detention center to ensure the provision of necessary security, programs, and services. A. Facility Capacities 1. The Department for Juvenile Justice shall establish and maintain recommended maximum bed capacities at each of its Juvenile Detention Centers. 2. The Commissioner or designee may waive the capacity maximums if it is determined that a waiver does not seriously affect the security, supervision of juveniles, programs, or the safe, healthful, or efficient operation of the facility. Section B. Required Staffing Levels, 1. There shall be adequate staff at each DJJ regional juvenile detention center to provide reasonable security to all juveniles, ensure their wellbeing and to meet their individual and group needs. The Superintendent of the facility shall ensure there are sufficient staff, both male and female. At no time shall any resident or group of residents be given control or authority over other residents. 2. When both male and females are housed in the facility at least one male and one female staff member shall be always on duty unless exigent circumstances prevent this staffing. Exigent circumstances shall be documented. 3. The system used to determine staffing shall include; a. Holidays; b. Regular days off; c. Annual training requirements; d. Annual leave; e. Average sick leave; and f. The ability to provide relief to staff for mandated breaks.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 709, Detention Services, Security and Control, policy section requires a manual containing all procedures for facility security and control, with detailed instruction regarding implementation, shall be available to all staff, reviewed annually and updated as necessary. Section A. Each regional juvenile detention center Superintendent shall develop a manual containing

all procedures for security and control. The manual shall be updated annually and accessible to staff. The manual shall include the Emergency plans and procedures and the documentation protocol for incidents. B. The Master Control Center shall: 1. Provide 24-hour monitoring of the facility's security, safety, and communication systems. The control center shall be staffed 24 hours a day, 7 days a week, without exception. Persons assigned to this post shall never leave without proper relief. 2. Control access to the building and movement within the building. All resident movements shall be regulated and residents shall be accounted for at all times in any area inside or outside of the facility. Radios shall be used to communicate the whereabouts of staff and residents. 3. Maintain a daily log on juvenile population movements and be responsible for notifying appropriate staff of increases and decreases in the population on a shift-by-shift basis. 4. Provide staff access to a washbasin and toilet. C. Youth Workers shall be positioned in or immediately adjacent to the juveniles living areas to permit workers to hear and respond promptly to programming needs and emergency situations. D. The facility perimeter shall be secured by building design. Staff shall ensure that juveniles remain within the secure perimeter and that access by the public is denied without proper authorization.

Warren Regional Juvenile Detention Center is a facility operated by the State of Kentucky, Department of Juvenile Justice. The facility is part of the Western Division that is headed by a Division Director. The Facility Superintendent heads the individual facility and sees to the daily management and functioning of the program. Facility characteristics describe Warren RJDC that serves adolescent males and females committed to the Department of Juvenile Justice. Beginning in December 2022, during the past twelve-month reporting period, the agency designated the facility serve only male residents. WRJDC was constructed in 2001 and consists of one securely-enclosed building with all programs provided within the facility. Indoor program areas include housing units, individual resident rooms, kitchen, cafeteria, intake area, medical department and exam room, classrooms, visitation room, one indoor and two outdoor recreation areas, and several administrative offices.

The capacity at Warren Regional Juvenile Detention Center is forty-three (43). The average daily number of residents for the past twelve months was twenty-four (24). On day one of the site review, the population at WRJDC was thirty-three (33) male residents. The auditor interviewed fourteen (14) residents within the facility population with no refusals. As indicated on the facility pre-audit questionnaire, the resident's average length of stay was twenty-four (24) days. The average age range of population at WRJDC was eleven to eighteen and a half years of age.

According to news reports, beginning December 15, 2022, at the direction of the Commonwealth's Governor, the Kentucky Department of Juvenile Justice implemented a new system where the Department of Juvenile Justice (DJJ) will operate three high-security detention centers, one of which is Adair YDC, housing male juveniles 14 years of age or older who have been charged with a violent or serious offense (Capital, Class A, B or C felony). The current system in place had not evolved to fit the needs of today's at-risk youth and adequately respond to

increased youth violence and involvement in gangs. A new detention classification system allows DJJ and the commonwealth to enhance protocols and training so staff can better respond to the current population. Over time, DJJ staff will be able to better deal with high-security detainees, always understanding that these youths must be treated with care and compassion but also recognizing that alleged violent offenders present different safety considerations. The increase of violent youth in our DJJ facilities calls for new tools and training to assure the safety of our workers and the more vulnerable youth in our care. DJJ policies will need to be upgraded to provide staff with protective equipment to adequately respond when the offenders start a riot or assault staff or one another. DJJ facilities are equipped with protective equipment. The agency is exploring the possibility of equipment, such as tasers, or pepper spray, and are purchasing body scanners to be placed in every detention center to help eliminate contraband coming into the facilities.

For nearly the past 6 to 9 months, DJJ has actively sought qualified and passionate Kentuckians to fill more than 105 full-time positions throughout the state's eight juvenile detention centers. The department's job vacancy rates are improving, but the agency still needs more individuals who are committed to fostering and investing in the life of each youth and supporting them in their journeys toward successfully becoming more productive citizens and workforce participants. Youth workers are the direct line of care and are some of the most needed and influential adults in the lives of youth in residential placement. They oversee daily activities, maintain safety and security, and assist youth with school and other pro-social activities while modeling and teaching positive social skills. As an incentive to hire new youth workers, the hourly pay increased significantly and will receive a 5% pay increase after working for one year, eligible for hazardous duty retirement, for which these employees are eligible after 25 years of service, with no age requirement, or at 60 years of age after completion of 5 years of service.

These staffing requirements would include only direct care staff such as youth workers, youth worker supervisors, and possibly counselors or YSPS. Youth worker posts include housing units, main control room, and rover/float. Youth workers posted in housing units directly supervise residents assigned to a particular housing unit, and ensure daily operational programming is completed. Youth workers posted as control room operator monitor access to the building, including staff and resident movement within the facility. The control room operator monitors all areas of the building by video surveillance, to always include all areas occupied by residents.

The day shift (6am-6pm) operations include on-site services to include school located in the classrooms, breakfast, lunch and dinner served in the cafeteria, recreation in the designated recreation areas, facility cleaning, and shower/hygiene time completed on the housing unit. Staffing would require one youth worker for each housing unit that is occupied by residents, one youth worker to run the main control room, one youth worker to be a rover/float to respond to operational needs, intakes, and provide youth worker breaks, and one shift supervisor who will be mobile to oversee resident and staff interactions. On night shift (6pm-6am) operations consist of supervision of residents for two hours for leisure time, and then putting residents to bed at 8pm. During sleep hours, facility cleaning is

completed by staff for areas not secure for residents, including restocking supplies and paperwork, floor maintenance, and facility laundry. The facility did not provide an updated 2023 staffing plan that takes into account the above mentioned staff coverage taken into account the agency's directive to address staffing shortages, hiring practices and to maintain controlled movement and increase direct supervision of two staff per living unit.

DJJ Regional Juvenile Detention Centers are required to maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours. The Warren Regional Juvenile Detention Center Staffing Plan dated 2022, takes into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns: (1) Generally accepted juvenile detention and correctional/secure residential practices; Direct care staff monitor all youth within the facility, assist in completing daily operations and provide a safe and secure environment for youth as well as staff. (2) Any judicial findings of inadequacy; None (3) Any findings of inadequacy from Federal investigative agencies; None (4) Any findings of inadequacy from internal or external oversight bodies; None (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); Our facility physical plant is one building. All service areas where residents are present are on video surveillance, with the exception of some resident rooms. The main control room is staffed on a 24 hour around the clock basis, and video is monitored at all times. The control room operator can view any time a staff enters a resident room. During waking hours, video surveillance is maintained by the control room operator anywhere a resident occupies at any time. (6) The composition of the resident population; Resident population consists of male and female residents ages 11-18.5 (7) The number and placement of supervisory staff; There is always at least one direct care supervisory staff present 24 hours a day, who is mobile to monitor staff and resident interactions. In addition, the YSPS (Program Supervisor) is present 40 hours a week, across varying shifts to monitor direct care level staff and programming. (8) Institution programs occurring on a particular shift; All institution programs are completed within the facility, and on video surveillance. Residents attend school in the designated classroom area on Day Shift. They complete shower/hygiene and recreation in designated indoor/outdoor recreation areas on Day Shift. On Night Shift they complete leisure activities and are then secured in their rooms after lights out. (9) Any applicable State or local laws, regulations, or standards; None (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; None (11) Any other relevant factors. None.

Interview with the facility Superintendent revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in all areas. Due to the increased rated of newly hired staff, the recent change in the composition of the resident population, the auditor recommends to update the 2023 staffing plan during the corrective action period.

According to the facility organizational chart dated March 2023, there are fifteen vacant positions namely the Youth Worker classification series (9), NSPS (1), Social Services Clinician/Worker (2), Recreation Leader (1), Nurse (1), Food Preparation

Center Coordinator (1). The Superintendent confirmed the vacancies and explained adequate staffing has been an ongoing challenge over the past 6-9 months. Several Department Head meeting held over the past twelve months note the challenge to meet the required minimum staffing ratio. Several Department Head meetings held in within the past twelve months (March 2022) noted staffing was low and interviews started for the Youth Worker I and Recreation Leader positions; (August 2022) staff OT has been steady; (October 2022.) Staff is very low and a hiring update there is a need to interview for SSWI, YWI (3 positions), YWI registration is open for future academy-dates and a start time is unknown, there are 13 vacant positions. To meet the required staffing ratios, direct care supervision duties are also provided by staff in the classifications as supervisors and administrators in addition to their normal work duties.

According to the 2022 and 2023 Warren Regional Juvenile Detention Center Staffing Plan Development Process Forms the staffing plan the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. A memorandum of clarification from the facility Superintendent dated 3/17/23, stated concerning staffing plan and staff to resident ratio deviations, there have been no deviations from the designated 1:8 and 1:16 ratio during the review period.

According to the facility Superintendent/PREA Coordinator the facility has been in a time of transition with many challenges over the past twelve months. Beginning early 2022, Warren RJDC absorbed staff from Green River YDC. Staff levels at that time were satisfactory with meeting the minimum ratio. Resident movements on the living units were open where residents were moving to and from school, dining, and large muscle activity. From May to July, resident population increased while staffing levels decreased. In August 2022, the facility had a group disturbance where several residents gained access to the ceiling area from their rooms which resulted in a security breach. Resident movements were restricted to large muscle activity. Agency officials reduced resident population at Warren during the ceiling construction phase in the months of September through December 2022. Residents were housed in the gymnasium and when the construction concluded all living units reopened. During that time, the facility has approximately 8-12 vacancies in the Youth Worker series. From January 2023 to April 2023, staffing levels have improved based on the agency's efforts in increase hiring and staff retention. Controlled movements were implemented within the facility that allow residents to move to large muscle activity. Meals, school, cleaning, and attorney and parent telephone calls are conducted on each living unit. There is no time table set to change or modify controlled movements however it will be based on safety and security measures to include resident populations and adequate staffing levels.

On February 3, 2023, the Kentucky Department of Juvenile Justice and KSP Commissioners issued a memorandum regarding the KSP security assistance. Due to critical staffing levels and recent violent attacks on staff by male juveniles housed at high-level detention centers, WRJDC, request the assistance of the KSP to intervene in the event of an emergency. Effective 2/6/23, two uniformed KSP

Troopers inside the detention center. They will have no operational responsibilities and not asked to engage with the juveniles. KSP is there to be a presence only and will intervene at their discretion if a serious incident occurs. According to the Superintendent, the Kentucky State Police concluded their job duties and responsibilities as noted in the memorandum was in the middle of April 2023.

After the auditor submitted a draft interim report to the agency on June 12, 2023, the auditor received additional shift status reports to verify compliance with the staffing ratio however did not receive the documentation prior to the completion of the interim report. The auditor reviewed approximately one hundred random first and second shift status reports from March 2022 to March 2023. The WRJDC Shift Reports describes staff call outs, resident population counts, staff assignments, overtime, security checks, restraint inventories, daily living area inspection, intakes, releases, and shift narratives logging unit counts and resident movements over the three shifts. The shift reports note the total population counts, and staff assignments for the control room and living units. The shift report gives a total population number by unit (living unit, isolation room, and special watch) and detention staff on duty/duty assignments specifying shift supervisor, control room, rover, and staff assigned to one of the four living units. Of the one hundred shift reports, fifty-five indicated ratio compliance and forty-five shift reports showed the minimum ratio of 1:8 during waking hours and 1:16 during non-waking hours. There were many shift reports that were incomplete and inaccurate based on staff coverage on each shift. There is a rover noted on most of the shift reports, however, there is no clear indication if the rover was assigned to the living unit and provided direct supervision which may resulted in meeting the staffing ratio of 8:1 during non-waking hours. After reviewing the staff to youth ratio reports reviewed by the auditor reflected the 1:8 ratios not being met due to insufficient staff coverage except during limited and discrete exigent circumstances, and missing the required security checks as required by agency policy. After reviewing all relevant documentation, including consultation with the PREA Resource Center, the facility does not maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

Samples of Unannounced Facility Visit/Rounds forms over the past twelve months (20 entries) were reviewed indicating random supervisory checks on the living units and three shifts. The total number of monthly visits range from two to four times per month. The time of visits (rounds) were fixed times such as the top and bottom of the hour or on the quarter of the hour. Higher level staff conducts unannounced rounds namely the facility Superintendent and Assistant Superintendent. Of the twenty unannounced round forms it was noted the staffing ratio was met on fourteen round checks ranging across all two shifts, five round forms indicated staffing ratios were not met, and one form had the ratio question blank. After reviewing the unannounced round forms, the auditor recommended conducting rounds at staggered intervals instead of fixed times such as the top and bottom of the hour or on the quarter of the hour and noting the time of unannounced rounds on each sheet. This is to prevent staff from knowing expected times based on prior unannounced round visits.

Areas observed were based on accessibility of residents and staff. This also included restricted areas prohibiting residents but accessible to staff. Video surveillance and camera presence was in strategic areas to reduce all blind spots. There are ninety-three cameras strategically placed throughout the facility to reduce blind spots. The camera system has a retention period up to sixty days and is accessible to the facility Superintendent, Assistant Superintendent, and Youth Services Program Supervisors. After conducting a camera review with the facility PREA Coordinator all cameras were in good working order. There appears to be proper video surveillance coverage on the facility property with limited to no blind spots. The three isolation rooms within the intake area are under video surveillance. The review of the video cameras indicates a gray shaded area located over the toilet to allow for privacy when resident perform bodily functions. In addition to video camera coverage, the surveillance system has audio capabilities, however, this function is on a time delay and can be heard only when archiving a video incident. The facility Superintendent explained the repair process when the video cameras are not in proper working order. The issues are generally resolved in a timely manner, and IT can remotely access to correct any issues. During the site review, there were two areas that needed restricted area signs posted to limit staff and resident access. Those three areas were in the two storage rooms and the school library which was not in use. During the evidence review period, the facility provided photographs of restricted area signs for the noted areas.

Interviews:

- Agency Head Designee
- Facility Superintendent/PREA Coordinator

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

- Since the last PREA audit the average daily number of residents reported was eighteen (18).
- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was twenty-four (24).
- The designed facility capacity is: 43. The facility has not been over capacity at any point in the past 12 months.
- The average daily population for the past 12 months: 24.

Interview Results:

- Interviews and supporting documentation show the Agency Head Designee and facility Superintendent indicated that they are consulted regarding any assessment or adjustments to the staffing plan. Agency and Facility Administration will be required to complete a 2023 staffing plan during the corrective action period.
- Interview with the Agency Designee and facility Superintendent indicated that the facility has a staffing plan. When assessing adequate staffing levels

and the need for video monitoring, they consider all the components listed in the standard.

- Interviews with the two intermediate or higher-level staff indicated they perform unannounced rounds and documented on the Unannounced Facility Visit (Rounds) sheets. Rounds will need to be conducted more randomly and staggered at different times.
- The Agency Designee/PREA Compliance Officer and facility Superintendent interviews confirmed the process for conducting annual reviews.
- Interviews from the sixteen random staff indicate residents are not always supervised by staff to meet minimum ratios. Fourteen residents interviewed confirm they are in their rooms for long periods of time throughout the day and only are out for showers and making telephone calls to parents and attorneys. During the on-site visit, due to safety and security concerns (low staffing levels) school, meal times, and recreation are conducted in the rooms. Residents complain of boredom and want to be able to come out of their rooms for normal programming.
- Based on the above listed information, the agency and facility does not meet the standard and complies with the standard for the relevant review period.

Corrective Action required and verification since the on-site phase:

- Reassess the staffing plan to support the ratio requirements and having staff stationed inside the living units where the sleeping rooms, resident activities, and programming. Update and complete a staffing plan for 2023 given current conditions in order to meet the staffing requirements.
- Provide auditor with staff to youth ratio and shift reports showing staffing ratio compliance.
- Implement the plan of action developed during the evidence review period.
- Provide documented updates on the progress to comply with staffing ratios.

Since the issuance of the interim report, the PREA Agency Designee staff provided the auditor with information regarding the plan in place to improve the agency's ability to meet the prescribed 1:8 staff to resident ratio during waking hours and 1:16 staff to resident ratio during sleeping hours. This plan includes the following steps: 1) implement a new detention classification system, staff hiring and recruitment campaigns, and reclassify youth workers to correctional officer classification and pay rate increases. There was a Zoom conference call meeting with the agency PREA Compliance Officer, PREA Branch Manager, and auditor to discuss and develop a corrective action plan to address the identified deficiencies described in the interim report to include juvenile standard 115.313, supervision and monitoring. The agency was to provide an updated staffing plan for 2023, random unannounced rounds forms, staff to youth ratio forms, and samples of unit logbooks. After reviewing the sampled WRJDC shift reports and staff to youth document forms, the below list of dates and ratio compliance during the corrective action period.

During the time period of 7/1/23-7/22/23 out of a total of thirty-four (34) shift reports, eighteen (18) day shift reports resulted in five (5) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population being thirty-nine (39) to forty (40) residents. There were thirteen (13) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff callouts. The remaining sixteen (16) shift report samples were night shift reports, four (4) shifts were within the 1:16 ratio while twelve (12) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the minimum ratio of 1:8 during waking hours and 1:16 non-waking hours.

During the time period of 8/1/23-8/31/23 out of a total of twenty-five (25) shift reports, twenty-five (25) day shift reports resulted in seven (7) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population ranging from thirty-four (34) to thirty-nine (39) residents. There were eighteen (18) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff callouts. The remaining twenty (20) shift report samples were night shift reports, seven (7) shifts were within the 1:16 ratio while thirteen (13) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the minimum ratio of 1:8 during waking hours and 1:16 non-waking hours.

During the time period of 9/7/23-9/30/23 out of a total of thirty-eight (38) shift reports, eighteen (18) day shift reports resulted in ten (10) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population ranging from thirty-four (34) to forty-five (45) residents. There were eight (8) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff callouts. The remaining twenty (20) shift report samples were night shift reports, ten (10) shifts were within the 1:16 ratio while ten (10) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the

minimum ratio of 1:8 during waking hours and 1:16 non-waking hours.

During the time period of 10/1/23-10/30/23 out of a total of fifty-eight (58) shift reports, twenty-nine (29) day shift reports resulted in seven (7) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population ranging from thirty-four (34) to forty (40) residents. There were twenty-two (22) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff callouts. The remaining twenty-nine (29) shift report samples were night shift reports, seventeen (17) shifts were within the 1:16 ratio while twelve (12) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the minimum ratio of 1:8 waking hours and 1:16 non-waking hours.

During the time period of 11/1/23-11/30/23 out of a total of thirty-seven (37) shift reports, ten (10) day shift reports resulted in three (3) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population ranging from thirty-nine (39) to forty-four (44) residents. There were seven (7) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff sick/illness callouts. The remaining twenty-seven (27) shift report samples were night shift reports, nineteen (19) shifts were within the 1:16 ratio while eight (8) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the minimum ratio of 1:8 waking hours and 1:16 non-waking hours.

During the time period of 12/1/23-12/26/23 out of a total of forty-seven (47) shift reports, twenty-five (25) day shift reports resulted in seven (7) shifts meeting the 1:8 ratio based on an adequate number of staff present on shift and the population ranging from thirty-three (33) to forty-one (41) residents. There were eighteen (18) day shifts samples that did not meet the 1:8 ratio requirement. The reason stated for not meeting ratio were due to staff sick/illness callouts. The remaining twenty-two (22) shift report samples were night shift reports, twenty (20) shifts were within the 1:16 ratio while two (2) shifts were over the 1:16 ratio, consistently the ratio being 1:17 to 1:19 ratio. Staff to youth ratio reports were provided indicating were reviewed detailing the shift, number of direct care staff on duty, number of youth and number of youth groups/units, number of youth in intake, isolation, and suicide observation, staffing ratio, and areas of explanation and additional comments. After

reviewing the staff to youth ratio reports for that time, documented staffing ratio compliance based on staff coverage on each unit and the total number of residents per unit exceeded the minimum ratio of 1:8 waking hours and 1:16 non-waking hours.

To assist with determining compliance with maintaining staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident non-waking hours, the auditor referred to the National PREA Resource Center's webpage to include the following resources and rationale to determine compliance or non-compliance. The first resource, Power hour: Chat with an PREA Expert on Standard 115.31 dated October 17, 2018, power point slides 10 and 12 describes 115.313 subsections a, b, c as follows: (a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration; subsections 1-11. (b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. (c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. On Slide 17, implementing the staffing plan agency and facilities must also consider and account for the normal and expected operational conditions that cause staffing shortages (e.g., sick leave, vacation, FMLA, callouts, training days, military leave, etc., all of which are not exigent circumstances but foreseeable operational issues). Exigent circumstances mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Slide 33 indicates standard variations with Juvenile Facilities: -Juvenile Facilities must adhere to the staffing plan and justify all deviations. No "best efforts" language exists for Juvenile Facilities. -Mandatory staffing ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. This staffing ratio is not an aggregate ratio, but describes the ratio of staff to residents that must be maintained in every area throughout the facility.

The Developing and Implementing a PREA Compliant Staffing Plan Webinar, Guide and PPP supplements dated August 27, 2022 and the Developing and Implementing a PREA Compliant Staffing Plan Resource Guide, page 12, security staff ratios in Juvenile Facilities- For juvenile facilities, PREA Standards set minimum staffing levels for secure juvenile facilities. Secure juvenile facilities must maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Further, the relevant staffing ratio must be in place wherever there are

youth in the facility. In other words, this is not an aggregate ratio that covers all the youth and all the staff in a facility. Rather, wherever there are youth present, these youths must be supervised by the appropriate number of staff according to the Standard. Any facility that as of May 17, 2012 was not “already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph” must be compliant with these staff to resident ratios on or before October 1, 2017. Security staff is defined as “employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.” The DOJ has issued formal guidance that expands on this definition. The guidance explains that while generally only direct care staff will count as security staff, there are circumstances where other staff can fall under this designation. According to the Frequently Asked Question on this topic, “Other persons whose duties involve supervision and control of residents for a portion of the day may count towards these ratios while they are actively supervising and controlling residents, assuming that they have received appropriate training.” Therefore, in developing a juvenile facility staffing plan in accordance with the ratios, care must be taken to consider which employees are being counted in the ratio and whether the employees are security staff as defined by the Standard.

The Standards in Focus (SIF) 115.13 dated February 14, 2018, page two in the Implementation section, the SIF the staffing plan must also consider and account for the normal and expected operational conditions that cause staffing shortages (e.g., sick leave, vacation, FMLA, call-outs, training days, military leave, etc., all of which are not exigent circumstances but foreseeable operational issues). On page five in the Standards Variations section, the following differences are noted for Juvenile Facilities: Juvenile Facilities must adhere to the staffing plan and justify all deviations. No “best efforts” language exists for Juvenile Facilities. Mandatory staffing ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. This staffing ratio is not an aggregate ratio, but describes the ratio of staff to residents that must be maintained in every area throughout the facility. Auditors will be reviewing not only the staffing plan and staff rosters, but interviewing staff and residents, and observing staff assignments throughout the facility to ensure that staffing ratios are met throughout the facility. (Effective October 1, 2017)

On page six of the SIF listed in the Resources section, guidance described in the DOJ Frequently Asked Questions dated October 3, 2017, “Is comparing the total number of security staff with the total number of residents in a secure juvenile facility an acceptable way to calculate whether the facility is complying with the minimum staffing ratios?” Only security staff shall be included in these ratios. Because the minimum staffing ratios enumerated in Standard 115.313(c) apply to the supervision of every juvenile resident in a facility, compliance will depend on the location of each resident, or group of residents, and the location of security staff at any given time. In order to calculate whether a facility is complying with the required staffing ratios, it is necessary to: Determine how juvenile residents are housed and programmed within the facility; Examine how security staff members

are deployed throughout the facility; Review historical juvenile resident placement and staffing deployment; and Observe actual supervision practices in the facility. Comparing the total number of security staff with the total number of residents in a secure facility is not an acceptable way to calculate whether a facility is complying with the minimum staffing ratios required by PREA Standard 115.313(c), and demonstrates how compliance with the required ratios depends on the location of residents and security staff in a facility at any given time. Roaming or floating security staff member(s) may briefly increase the ratio into compliance on a given unit but shortly increases the ratio when the roaming staff is not present. Compliance with this standard must be “institutionalized” throughout the facility over a sustained period of time. Security staff members supervising juvenile residents via remote video monitoring do not count in the minimum ratio requirements. Video monitoring and/or control room staff typically cannot hear residents, promptly respond to cries for help, are typically responsible for monitoring countless youth in multiple locations, and often have a myriad of other duties such as controlling movement and answering telephones.

In the DOJ Frequently Asked Questions dated July 9, 2013, “Who counts as “security staff”?” The Standards define “security staff” as employees primarily responsible for the supervision and control of... residents in housing units, recreational areas, dining areas, and other program areas of the facility. 28 C.F.R. § 115.5. This definition is intended to approximate the manner in which the term “direct-care staff” is typically used by many juvenile facilities. Typically, only direct-care staff will count in the minimum mandatory ratios. Direct-care staff supervisors may generally be counted within the minimum ratios to the extent they are presently assigned to primarily or exclusively supervise residents. Other persons whose duties involve supervision and control of residents for a portion of the day may count towards these ratios while they are actively supervising and controlling residents, assuming that they have received appropriate training. Appropriate training generally includes training on the supervision and control of delinquent youth including, among other things, verbal de-escalation techniques, age-appropriate defensive tactics, and crisis intervention. For example, a teacher who has received appropriate training may be included in the ratio during the time in which he or she is leading a class, as opposed to preparing a lesson plan. Similarly, a warden or other facility management official will count toward the ratio during the periods of the day when he or she is supervising residents rather than engaging in administrative activities. Social workers, case managers, clinical staff, and administrative support staff will generally not count toward the minimum staffing ratios, except in circumstances in which they are supervising or controlling a group of residents, and only then if they have received appropriate training.

In the DOJ Frequently Asked Questions dated February 7, 2013, “What types of staff count toward an agency’s staffing ratio?” Only security staff are included in the minimum staffing ratio requirement. The PREA standards define security staff as “employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.” 28 C.F.R. 115.5 (definitions). Based on the

	<p>documentation reviewed over the past twelve months preceding the audit and corrective action period, the auditor determined that the facility demonstrates compliance with all but one provision in the standard. Because the facility does not maintain the staff-to-youth ratios of required by provision (c) of this standard, it has been determined that the facility is not in compliance with this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 714, Detention Services, Searches, date October 5, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center, Standard Operating Procedures number 714 and 714-A, Searches reviewed 2016 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 715, Program Services, Incident Reporting, dated October 5, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center, Standard Operating Procedures number 715, Incident Reporting, reviewed 2016 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 910, Program Services, Facility Security Management, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice, Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018 • The Department of Juvenile Justice General Directive, Youth Contraband Assessment, and Initial Health Screening Procedure. Dated April 2, 2012 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Training curricula for Cross Gender Pat Down and Visual Body Searches Policy and Procedures, Training video and power point presentation • Acknowledgement of Phase 10 PREA Training- PREA Training to include cross gender search training forms, current and newly hired staff dated 2022 • 2022 WRJDC Management Team Meeting agenda

- Staff remedial training on opposite gender announcement sign in sheets dated 5/5,14/23

Interviews:

- Agency Head Designee
- Facility Superintendent/PREA Coordinator
- Random Staff
- Random Residents

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 714, Detention Services, Searches, page 1, section 1, policy section requires the Department shall ensure the safety of the juvenile and the environment within a program by utilizing searches of juveniles and the facility. Whenever there is reason to believe that the security of the facility may be endangered or that contraband may be present in or introduced into the facility, the search of a juvenile and their possessions shall occur. Section A. The search of a juvenile requires professional expertise and a humane and dignified demeanor on the part of the staff. B. Staff shall conduct searches of juveniles in a professional and respectful manner to avoid harassment, indignity, embarrassment, and unnecessary use of force. C. Staff shall be provided written search procedures and shall be reviewed annually. D. Staff shall provide the individual being searched with a verbal overview of the procedure intended to be used. E. When possible, searches shall be conducted by same gendered staff. Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. F. This policy shall be made available to staff and juveniles. This policy shall be reviewed annually and updated, as necessary.

In Section G. All juveniles shall be scanned with a metal detector upon entering or re-entering a detention center. In addition, a metal detector may be used when a juvenile return from an out of the building status, and spontaneously throughout the day. H. General Procedures for Searches 1. All searches must be conducted in a professional manner, using techniques that avoid unnecessary force or indignity to persons involved in the search, while maintaining the integrity of the search. 2. Staff shall be trained in search techniques designed to protect persons involved and preserve evidence. 3. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items. I. Pat down search 1. If possible, two (2) staff that are the same gender as the youth shall conduct a pat down search. One (1) staff shall conduct the process and the second staff person shall observe the process to verify that the correct procedures are followed. 2. Staff shall have the juvenile remove their shoes, jackets, sweaters, gloves, and hats. Staff shall inspect all items. 3. A pat down search shall be conducted over a single layer of clothing to include under garments and the contents of all pockets shall be inspected. 4. Staff shall visually check the juvenile's hair, ears, nose, mouth, and under tongue. 5. Staff may use a handheld metal detector as part of the pat down search.

In Section J. Strip search 1. Strip searches may be performed only with probable cause and authorization from the Superintendent or designee. An incident report shall be completed, documenting the probable cause. 2. A strip search shall always be performed by a staff of the same gender. 3. A strip search shall be performed in an area that ensures the privacy and dignity of the juvenile. 4. Strip searches shall be performed to visually inspect the juvenile's body and physically search the juvenile's clothing. 5. If the intent is to view the total surface area of the body, the following shall be searched by having the juvenile lift each respective area: a. Breasts; b. genitalia; and c. Body Folds. 6. Strip search procedures shall be reviewed by the Director of Medical Services and the Superintendent. K. Body Cavity Search; 1. Outside medical providers shall be the only individuals authorized to conduct a body cavity search. Probable cause that a youth may be concealing contraband in a body cavity shall exist prior to the authorization of a body cavity search. 2. Authorization shall be required by the Superintendent and Director of Medical Services prior to a body cavity search. 3. Body cavity search procedures shall be reviewed and authorized by the Director of Medical Services and the Superintendent. L. All searches shall be documented in the facility log. M. An incident report shall be filed in compliance with DJJPP Chapter 7, Incidents Reports, for all body cavity and strip searches. An incident report shall be required on pat down searches where contraband is recovered. Documentation shall include: 1. The full name of the juvenile; 2. Detailed and specific information regarding reasonable suspicion; 3. Date/time, of the Superintendent's approval for conduct of the search; 4. Date, time, and place of the search including the year and a.m./p.m.; 5. The disposition of contraband if recovered; 6. The names, current positions, and signature of the staff conducting the search; and 7. Results of the search. N. Copy of incident reports documenting body cavity and strip search shall be forwarded to the Regional Facilities Administrator by the next working day following occurrence. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center, Standard Operating Procedures number 714 and 714-A, Searches reviewed 2016

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 715, Program Services, Incident Reporting, page 1, section 1 requires DJJ regional juvenile detention centers shall have a system for reporting incidents. Prompt reporting shall take place according to established procedures. The primary staff member directly involved in or witnessing an incident shall write an incident report. Supporting documentation shall be submitted by any staff involved in or witnessing an incident. Stated in section D. An incident report shall be written to provide detailed and specific information regarding: 1. The violation or behavior; 2. Events leading up to the incident; 3. The manner in which the incident was dealt with and any consequences issued as a result; 4. Staff witnesses; 5. Physical evidence; 6. Use of force; 7. The full name of the juvenile; 8. Date, time, and place; and 9. The reporting staff's name, signature, and current position. Section E. The primary staff member directly involved in or witnessing an incident shall write an incident report. Supporting documentation shall be submitted by any staff in or witnessing an incident. The Superintendent or designee may require a brief narrative of the incident to also be entered into the progress notes for major rule violations, use of physical or

mechanical restraints in response to major rule violations, use of isolation, or major injury/illness. Section G. The incident report and any supporting documentation shall be completed and submitted to the staff's supervisor(s) prior to the end of the reporting staff's shift on the date of the incident. The supervisor shall be responsible for a review of the report to ensure thoroughness, accuracy, and submit to the Superintendent within twenty-four (24) hours of the incident.

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management states in page 2, section N, requires each DJJ facility shall post the name of the facility staff that is on duty in a conspicuous location, so that residents are aware of staff that are not the same gender working in a housing unit. Staff of the opposite gender shall announce their presence when entering a resident housing unit, or any area where residents are likely to be showering, performing bodily functions, or changing clothing. Interview with the facility Superintendent/ PREA Coordinator he stated that during the current review period there have been no circumstances that required deviation from the policy on cross gender viewing or searches. If a situation changes, WRJDC follows agency policy and procedures that allows residents to shower bodily functions, showers, and change clothing without staff of the opposite gender observing.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity and the Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures, 912, Sexual Orientation and Gender Identity, section O. requires DJJ staff shall not search or physically examine a transgender or intersex juvenile resident for the sole purpose of determining the resident's genital status. Only qualified medical staff may conduct medical exams or searches that involve the removal of clothing revealing breasts, buttocks, or genitalia, except in exigent circumstances as necessitated by safety concerns. P. DJJ staff shall be trained on how to conduct cross-gender pat down searches, and searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive manner possible that is consistent with security needs. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 912, Sexual Orientation and Gender Identity complies with agency policy 912.

A review of the agency and facility's search training curriculum and

acknowledgement and Phase 10 training forms confirm training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Newly hired and experienced staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. Staff training acknowledgment forms documenting annual PREA phase 10 staff training occurred in August 2022. While on-site, there were no transgender or intersex residents housed at the facility. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

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

Interview Results:

- Fourteen residents interviewed stated that they had never been searched by a staff member of the opposite sex gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down and wand searches were conducted in a respectful and professional manner. There are prohibitions of cross-gender strip or cross-gender visual body cavity searches of residents.
- Ten out of fourteen residents interviewed indicated they hear opposite gender staff announce themselves before entering a resident's sleeping room area. Of the four remaining residents, three stated they do not hear the announcement and one resident said sometimes. Approximately half of the residents commented they hear the announcement often particularly at the beginning of the day, the practice of opposite gender announcement recently started, only one female staff makes the announcement, and some

female staff do announce while others do not. Most residents explained staff of the same gender supervise showers and when conducting room checks knock on the door to give them notice if residents are changing their clothes.

- Of the sixteen random staff interviewed and asked do you or other staff announce your presence when entering a housing unit that houses male residents, one staff indicated no and three indicated they do not make or hear the opposite gender staff announcement. No random staff stated they document the announcement in a logbook and when most staff make the announcement they make it over the radio while announcing when entering the living unit. However, most residents explained when staff of the opposite gender supervise showers and when conducting room checks, staff knock on the door to give them notice if residents are changing their clothes or using the toilet.
- Based on random staff and resident interviews, there was some confusion on the practice of opposite gender staff announcing their presence when entering the living unit. When the status quo of the gender-supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both security and non-security staff, and may include, for example, a clinician or nurse who may spend time on the unit, or senior staff making supervisory rounds. The auditor recommended administrators correct this deficiency by conducting a follow up remedial training session on cross gender announcements. The auditor suggested staff document the opposite gender staff's announcement when coming onto the unit and when the status quo changes. By making the notation into the logbook, this would prevent a conflict or issues between residents and staff. On May 5th and 14th, 2022, the facility Superintendent provided documentation on the completion of the training session by facility staff acknowledged understanding by signature
- The auditor observed that showers and toilets provide for privacy, PREA approved shower curtains. The shower times and bathroom breaks are conducted in an orderly fashion, youth in groups of three youth. Each youth showers in a separate shower stall having a curtain for privacy. Male staff directly conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers. Residents enter the shower area one at a time, in a quiet and orderly manner. The residents are dressed until they get behind the shower curtain. When showers are completed, residents are required to be dressed prior to exiting beyond the shower curtain.
- Fourteen residents stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- Fourteen residents interviewed have undergone a pat and wand search conducted by same gender staff and conducted in a professional and respectful in the less intrusive manner as possible. All residents reported they have not undergone a visual body search.

	<ul style="list-style-type: none"> Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, dated March 9, 2018 Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 907, Resident Education Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Detention Services, Intake, Reception, and Orientation, dated October 5, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, Health and Safety Services, Health Services, dated April 5, 2019 Language Translation Services Associates to access a qualified interpreter Office of Procurement Services Master Agreement with Language Services Associates for telephone interpretation services Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Orientation Handbook, English and Spanish versions Resident Acknowledgment of Phase 3 and 10 PREA Training Sheets samples in 2021 and 2022 Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) Memorandum of Clarification from Superintendent regarding translation

services and residents with limited English proficiency

Interviews:

- Agency Head Designee
- Facility Superintendent/Facility PREA Coordinator
- Intake Staff
- Random Staff
- Random Residents
- Resident who had a cognitive disability and LEP

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Detention Services, Intake, Reception, and Orientation, dated October 5, 2018, policy section requires juveniles shall undergo screening and assessment at admission and receive a thorough orientation to the facility's procedures, rules, programs, and services. Section B. 5. General Screening Procedures a. All screenings must be conducted in a professional manner, using techniques that avoid unnecessary force or indignity to persons involved in the search, while maintaining the integrity of the search. b. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items. Screening, 6. Initial Health Screening a. All juveniles entering a regional juvenile detention center shall be given an Initial Health Screening. b. Only health trained staff shall conduct the initial health screening. c. If possible, two (2) staff that are the same gender as the youth shall conduct the initial health screening. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. d. Staff shall direct the youth to the designated private location, outside of the view of other staff and residents. e. Staff shall direct youth to remove all personal clothing and items and dress in facility supplied tank tops and boxer shorts, outside the view of all staff and residents; f. Staff shall instruct the youth to verbally indicate the location of any scars, bruises, birthmarks, tattoos, or any other marks known; g. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug use shall be documented. h. Medical Staff shall review the body identification section of the Initial Health screening in accordance with DJJPP Chapter 4. Section C. Orientation, 1. All juveniles being admitted into secure detention shall receive orientation in their own language. Material shall either be written or interpreted to ensure understanding of the juvenile's rights and facility's rules and guidelines, including grievance procedures and how to access medical and mental health services. 10. Risk Assessment Screening, After the initial detention hearing all juveniles ordered detained in a state-operated detention facility, except those juveniles meeting conditions for mandatory secure detention pursuant to KRS 610.265(2) (b) 1, shall be screened using the detention risk assessment instrument to determine eligibility for the alternative detention program in accordance with DJJPP Chapter 7. Located in all ten resident social files were the Resident Acknowledgment of Phase 3 and Phase 10 PREA Training forms acknowledging each

resident received and understood the training protocols.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, section B. states juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: 1. Initial contact with the juvenile services worker (JSW); 2. Initial facility intake at a detention center, youth development center (YDC), and group home; 3. Initial meeting with a youth counselor; 4. Monthly treatment team meetings; and 5. Upon request for PREA information by a juvenile. In the same policy, section J. requires DJJ's PREA policy shall be made available in an accessible format to juveniles with disabilities, juveniles who speak limited English, or in the juvenile's native language if the juvenile does not understand English. DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 907, Resident Education follows DJJ policy 907.

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act, DJS Staff PREA Education and Training, Phase 3 Juvenile Education notes on the dynamics of sexual abuse and harassment in a confinement setting, informs staff that particular vulnerable juveniles susceptible to sexual abuse and harassment may have mental, physical, or cognitive disabilities, and limited English proficient. The agency provided a copy of a multi-year agreement between the Kentucky Department of Juvenile Justice and Language Services Associates for telephone interpretation services Interpreter/Translator Services for Warren Regional Juvenile Detention Center. The contract provides for interpretive services for residents who may speak up to twenty different languages. Services shall be performed by professional and experienced interpreters that possess demonstrated proficiency levels that range from the ability to speak the language with sufficient structural accuracy and vocabulary, to effective participation in most formal and informal conversations on practical, social, and professional topics. The maximum proficiency level will demonstrate that of a highly articulate well- educated native speaker which reflects the cultural standards of the country where the language is natively spoken. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty- five (365) days a year. The Kentucky of Department of Juvenile Justice and Warren Regional Juvenile Detention Center offers

access to Language Services Associates, a qualified interpreter service where an interpreter will be on the line and provide residents who are limited English proficient. In the event of an emergency and interpretation is immediately needed, WRJDC utilizes "Kentucky Court Interpreter Roster" for interpreting services.

The agency and facility use a wide array of resources designed for residents in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. There are postings throughout the facility in English and Spanish. The Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version, and male and female versions and the Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Orientation Handbook contain a wealth of information that provides appropriate explanations regarding PREA to residents based upon their individual needs.

While on site, there were no residents who were limited English proficient.

Immediate interpreting services are secured by using the on-demand Language Line by calling the toll free number. The agency has an active contract for services.

The auditor tested the Language Line process by making a test call and was able to speak with a representative who is able to provide immediate interpreting services.

The instructions are posted in the intake reception area and master control. The telephone number to Language Line can be made using any telephones located throughout the facility. The service instructions do not require a juvenile's personal identification number but by entering the facility number which is written in the calling instructions. Interpreting instructions are easily accessible to all juveniles and interviewed staff were aware of the process.

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

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0).

Interview Results:

- Interviewed random and Intake staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During an interview with two (2) juveniles who had a cognitive disability, residents reported that they were provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, intake staff took the necessary time to fully explain all PREA related material.

	<ul style="list-style-type: none"> • During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing. Interview with the Agency Designee, Superintendent/PREA Coordinator indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. When residents are in need of interpreting services, the facility documents using the Interpreter Services Monthly Log Sheet. • The Superintendent and Intake Staff indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. They also acknowledged they would take the necessary time to fully explain all PREA related materials. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act, Reporting and Investigating PREA Violations, dated March 9, 2018 • KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited. • KRS 61.872 Right to inspection -- Limitation. • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014 • PREA Requirements for DJJ Staff form

- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Staff human resources files/database review indicating Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, sex offender and driver's license including the five-year check
- Employee and contractor criminal background five-year check spreadsheet

Interviews:

- Agency Designee- PREA Compliance Officer
- Human Resources staff at Facility Level
- Facility Superintendent/PREA Coordinator
- Administrative Investigator
- Volunteer and Contractor

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, requires the Department of Juvenile Justice (DJJ) conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). In section 4, Procedures requires A. DJJ shall maintain and facilitate personnel procedures to ensure that current staff, newly hired staff, volunteers, interns, and contractors have cleared all background checks required by this policy before having contact with juveniles under the custody, care, or supervision of DJJ. B. DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment with DJJ, including the following: 1. Criminal background or National Crime Information Center (NCIC) check; 2. Sexual offender registry check; and 3. Child abuse and neglect registry check. C. DJJ shall conduct background checks on all DJJ staff every five (5) years. If DJJ is made aware of a criminal offense that may have been committed by a staff or any pending charges brought against a staff, a background check shall be conducted immediately.

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

In section F states DJJ shall not permit an employee, volunteer, intern, or contractor to work in a DJJ facility or office if the background check protocol yields ineligibility

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

In section H. requires an applicant, volunteer, intern, or contractor considered for employment or services, after October 1, 2013 shall be automatically disqualified as an applicant for hire or service if DJJ receives a background check for that respective individual that indicates a conviction for any of the following: 1. Any sex related offense under KRS Chapter 510; 2. Any violent offense referenced in KRS 439.3401; 3. Sexual exploitation of minors under KRS Chapter 531; 4. Any crime involving the same conduct as the criminal conduct in one (1) through three (3), but for which the conviction occurred in another jurisdiction. Section I. requires all new hires and transfers into DJJ and all promotions within DJJ shall be subject to the background and reference check outlined within this policy. Any person with a confirmed sexual harassment finding shall submit documentation and additional information regarding the sexual harassment matter and the file shall be reviewed by the Commissioner or designee of the Commissioner, the Director of Administrative Services, an attorney from the Office of Legal Services, the Personnel Branch Manager, and the Agency PREA Coordinator to determine the best interest of the agency regarding the hiring or transfer of this person within DJJ. J. Employment reference checks shall be conducted for individuals that are considered new hires or individuals being transferred into DJJ. K. DJJ shall make a good faith effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. L. If a background check indicates that a current DJJ staff has committed a PREA offense that prohibits employment pursuant to this policy, the Personnel Branch Manager, the Agency PREA Coordinator, and Commissioner or designee shall convene a case conference to determine the appropriate disposition for that staff. M. Material omissions or falsifying documentation regarding any type of sexual misconduct shall be grounds for dismissal. N. Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks requires the department shall require that background checks be conducted for all Department of Juvenile Justice (DJJ) staff, applicants, volunteers, interns, and contractors having contact with DJJ youth. Section 4, Procedures requires, A. DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request policy states, records shall be requested in writing according to established protocol in compliance with all applicable state and federal statutes. Designated department personnel shall respond to records requests promptly according to the procedures outlined in this policy. Section 4, Procedures states A. Open Records Requests: 1. The Kentucky Open Records Act (KRS 61.878-61-884) establishes a right of access to public records. All public agencies are required to make all non-exempt public records available to any requester. All non-exempt public records which are prepared, owned, used, possessed, or retained in the normal course of business, shall be made available for inspection, or copying. 2. Open Records Requests received from outside agencies or individuals shall contain: a. A written request; b. Name and address of the requester; and c. A description of the documents with reasonable particularity of the public records being requested. In section F. The Ombudsman shall collect and review all records responsive to the request from the appropriate record holder(s) and shall redact all exempt and confidential information contained within the responsive records pursuant to KRS 610.340(1)(a). 4. The custodian shall confer with the Office of Legal Counsel regarding the handling of any request. 5. Verbal requests for records will NOT be accepted.

Document KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited and KRS 61.872 Right to inspection - Limitation section (h) states Records of law enforcement agencies or agencies involved in administrative adjudication that were compiled in the process of detecting and investigating statutory or regulatory violations if the disclosure of the information would harm the agency by revealing the identity of informants not otherwise known or by premature release of information to be used in a prospective law enforcement action or administrative adjudication. Unless exempted by other provisions of KRS 61.870 to 61.884, public records exempted under this provision shall be open after enforcement action is completed or a decision is made to take no action; however, records or information compiled and maintained by county attorneys or Commonwealth's attorneys

pertaining to criminal investigations or criminal litigation shall be exempted from the provisions of KRS 61.870 to 61.884 and shall remain exempted after enforcement action, including litigation, is completed or a decision is made to take no action. The exemptions provided by this subsection shall not be used by the custodian of the records to delay or impede the exercise of rights granted by KRS 61.870 to 61.884.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics requires the Department of Juvenile Justice (DJJ) shall expect from staff honesty, integrity, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service. The department shall require a drug-free workplace. Section H. states staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030. In section P. If a staff is arrested for or charged with any offense, other than a minor traffic violation, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. Staff shall not be relieved of the responsibility of providing notice or reporting to work as a result of being detained. 1. Staff shall furnish the supervisor with the name of the charging authority, the city or county where the charges are filed, and the next court date assigned to them. Q. If a staff becomes aware that they are the subject of an investigation of child abuse, neglect, or dependency, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. R. If a licensed staff has their licensure or certification under investigation, suspended, or revoked, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift.

After interviewing the facility Human Resource Specialist, the auditor randomly reviewed ten (10) current employees, contractors, and volunteers' names with various hiring dates. The review of files indicated all but three out of the ten files did not have a criminal background check results updated PREA Questionnaire requirements for DJJ staff that captured subsection a-1. During the evidence review period, the agency and facility provided the required documentation indicating employees' files had the criminal background checks and PREA Questionnaire form completed. In addition, the agency provided documentation verifying criminal background checks completed at least every five years for current employees, contractors, and volunteers. The background checks were completed 2018-2021. The agency and facility have a process in place for newly hired staff, current staff, volunteers, and contractors. Background checks include the Department Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, sex offender check, driver's license.

The facility Superintendent/PREA Coordinator verified that all staff, contractors, and volunteers completed the PREA Questionnaire Form noted in subsection A: 1-3 and B of the standard. The agency submitted to the auditor verification all the employee

and contractors' checks were completed at the time of hire, promotion, and five-year record checks. Employees have a duty to disclose and report any criminal infractions.

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

- The number of staff currently employed at the facility who may have contact with residents: 22.
- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 15.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 6.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 3 out of 4.
- The number of individual contractors who have contact with residents, currently authorized to enter the facility: 4.

Interview Results:

- The interview with the facility Superintendent, facility Human Resource staff, and one (1) Investigator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every four (4) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees.
- The information was reviewed by this auditor and the facility is in full compliance of the standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • KDJJ-Warren Regional Juvenile Detention Center Building Schematic and Video Surveillance System List and Diagram • Memorandum of clarification from Superintendent regarding renovations, modifications, or expansions

Interviews:

- Agency Head Designee
- Facility Superintendent/Facility PREA Coordinator

The review of the Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates no substantial expansion or modification since the last PREA audit 2019. The Agency PREA Coordinator, facility Superintendent reported there have been no recent updates to the video monitoring system, electronic surveillance system, or other monitoring technology.

The Agency Head Designee, facility Superintendent advised when the agency and facility plan substantial expansion to facilities, the agency considers the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations are given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems.

The Agency Head Designee and facility PREA Coordinator explained regarding any updates to video surveillance system indicating there was no acquisitions, expansions, modifications, or design changes to the facility. The facility is equipped with one-hundred thirty-two (132) cameras strategically placed throughout the facility to reduce blind spots. The camera system has a retention period up to ninety days and accessible to the facility Superintendent, Assistant Superintendent, and YSPS. The Superintendent provided a memorandum of clarification indicating the facility has not undergone any updates to video surveillance system indicating there was no acquisitions, expansions, modifications, or design changes to the facility.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent, and PREA Coordinator indicated that there was no major expansion since their last audit in 2019. If there were any major building expansions or upgrades to the video monitoring system, the administrative team would be involved in the planning process.
- Based on the above listed information, the agency and facility meet the standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated January 19, 2017
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.8, Health and Safety Services, Hospital Care, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 404.8, Hospital Care reviewed 5/2020
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018
- Department of Juvenile Justice General Directive, number 10-02, Notification of significant medical costs dated May 24, 2010
- Medical Billing for DJJ memorandum dated July 15, 2021
- Hospitals and SAFE/SANE List for DJJ Facilities
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
- Medical Staff License
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers
- RS 15.A.020 Organizations of Justice and Public Safety Cabinet
- 500 KAR 13:020 Office of Investigations
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of clarification from Superintendent regarding no requests for advocate services
- Hope Harbor, local rape crisis and recovery center, Clinician services letter
- Policy 908 refresher training staff acknowledgement forms

Interviews:

- Agency Designee
- Facility Superintendent/Facility PREA Coordinator
- Medical Staff
- Administrative Investigator
- Random Staff
- Random Residents
- Hope Harbor Victim Advocate

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile

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

Section 4.A., Procedures, Access to Medical Treatment, 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services requires Youth Workers shall be trained to respond to a health-related situation within a four-minute response time. Access will be provided to emergency medical and dental care 24 hours a day. Section 4.A., Procedures, requires A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of

understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.8, Health and Safety Services, Hospital Care, dated October 5, 2018, requires each DJJ facility shall make arrangements in advance for providing both in-patient and out-patient hospital care for medical conditions. Section A-I requires DJJ programs shall have an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/ surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. All staff shall be aware of the facilities to be utilized in a non-emergency situation. These agreements shall be reviewed as necessary by the responsible parties. The agreement is ongoing unless canceled by one or both parties with 30 days' notice. B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include: 1. Transferring a summary of the Medical Record; 2. Transporting of youth; 3. The requirement of personnel to accompany youth to the medical facility; and 4. Receiving a summary of treatment. C. The Medical Director shall approve non-emergency hospital care or outpatient surgery. D. Staff shall accompany youth to the hospital and stay with them through admission. Upon admission, youth shall require around-the-clock supervision during their stay at the hospital.

When warranted, a medical escort will accompany transporting staff. E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager when a youth is hospitalized and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid. G. Parents or legal guardians shall be notified of hospitalization of a youth. H. A discharge summary from the medical facility shall be obtained prior to returning to a DJJ facility. The discharge summary shall be placed in the youth's medical record for. I. The facility Registered Nurse, the Nurse Administrator, or Director of Medical Services shall be contacted upon return of the youth from the hospital. Follow up care shall be coordinated with the primary care provider. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care. The Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 404.8, Hospital Care reviewed 5/2020 adheres to the guidelines set forth in policy 404.8.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a

Report of a PREA Violation, section F. requires if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report.

Stated in number 5. The juvenile victim of the sexual abuse or sexual assault shall be separated until they can be interviewed by law enforcement or law enforcement confirms that the juvenile victim does not need to be interviewed. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. 7. The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation. 8. For an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility. Criminal investigations are referred to the Kentucky State Police and the facility relies on the Kentucky State Police for evidence collection that maximizes potential for obtaining useable physical evidence. The Kentucky State Police uses an evidence protocol and utilizes the SAFE/SANE who adheres to the equivalent of national standards The auditor was provided documentation from the agency and facility regarding the requirements of the standards related to local law enforcement and requesting they follow provisions (a)-(e) of this standard.

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

Superintendent and the Division Director of Medical Services. J. After an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, requires DJJ health care personnel be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law. Warren Regional Juvenile Detention Center shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, and supervision of WRJDC.

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

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through the Medical Center of Bowling Green. The Emergency Room Charge Nurse from the medical center stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When Medical Center of Bowling Green is notified of a sexual assault, they contact the local rape crisis center, for a victim advocate to respond in person to the health system. According to the victim advocate, a victim advocate from Hope Harbor Inc. provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services.

The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to Medical Center of Bowling Green, the local SAFE/SANE hospital for the facility. If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the PREA Coordinator, the qualified staff member has is available to respond and provide victim advocate services should the need arise.

The agency and facility reported one (1) sexual abuse allegation that occurred at another KDJJ facility. The alleged victim was provided access to emergency medical

and mental health services from the local SAFE hospital and Victim Advocate Center. At discharge from the medical center, the victim was transported to Warren Regional Juvenile Detention Center and upon her admission, she was assessed by facility medical and mental health staff and provided additional medical and mental health services. A letter from the licensed clinical social worker, at Hope Harbor, a local sexual assault resource center, indicated the center provided additional emotional support services during the victim's short length of stay at Warren RJDC. The following day, the victim was placed at Morehead Youth Development Center, Alternative Program based on her legal commitment status.

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

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

Interview Results:

- Interviewed staff, including the Agency Designee, Superintendent, and facility PREA Coordinator were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical nurse and mental health staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local medical center, Bowling Green Medical Center. Furthermore, the facility can provide mental health counselors' accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.
- The victim advocate from the local rape crisis and recovery center, Hope Harbor Inc., indicated victim advocate services are made available in a the one (1) sexual abuse allegation that occurred at another KDJJ facility and provided their services to residents free and in a confidential manner.
- Ten (10) out of sixteen (16) random staff, all considered security staff, were unfamiliar with the evidence protocol, knowing and understanding the agency's protocol for obtaining or preserving usable physical evidence in a resident alleges sexual abuse.
- Given the lack of random staff knowledge to agency's evidence protocol for obtaining usable physical evidence if a resident alleges sexual abuse, the auditor recommends corrective action on this standard. All staff must receive additional follow up training on evidence protocols in cases of sexual

abuse. Furthermore, remedial resident education information is required due to a small percentage of residents knew there were confidential emotional support services.

Corrective Action:

- Develop a staff training lesson on evidence protocol and have all staff re-trained on evidence collection consistent with the standard and agency policies and procedures.
- Provide documentation such as staff training attendance sheets indicating staff understands the training they received.
- Create a resident education lesson on emotional support services available outside the facility for dealing with sexual abuse, what kinds of services there are available, accessing mailing addresses and telephone numbers, services remain private and confidential. Facility administration can refer to the interview protocol questions for random sample of residents.
- Provide documentation such as resident attendance sign-off sheets indicating current population and newly admitted residents understand the material they received.
- Provide educational material to the auditor for Timeline to complete this deficiency will be within the first 30-60 days of the correction action period.

Corrective Action required and verification since the on-site phase:

On July 14, 2023, there was a Zoom conference call meeting with the agency PREA Compliance Officer, PREA Branch Manager, and auditor to discuss and develop a corrective action plan to address the identified deficiencies described in the interim report to include juvenile standard 115.321. The agency was to provide a refresher staff training on the topic of evidence protocol procedures. During the corrective action period, the PREA Coordinator submitted staff refresher training on Policy 908, DJJ Response to a Report of a PREA Violation on evidence collection protocol.

Furthermore, staff acknowledgement forms were provided to the auditor. The staff training occurred on July 11, 2023 through July 13, 2023. Based on supporting documentation submitted by the agency, the agency and facility is in full compliance and meets the standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-002, dated December 11, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Internal Investigations Branch Website
- Kentucky Department of Juvenile Justice Website
- Memorandum of Clarification from Superintendent regarding sexual abuse allegation

Interviews:

- Agency Head Designee
- Investigative Staff
- Facility Superintendent/Facility PREA Coordinator
- Specialized staff, Medical and Mental Health
- Random Staff

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

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

For criminal investigations, they are referred to the Kentucky State Police and the facility relies on the Kentucky State Police for evidence collection that maximizes potential for obtaining useable physical evidence. The Kentucky State Police provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. If there are any sexual abuse allegations referrals made by KDJJ for criminal investigations are documented when referred to KSP. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation follows and adheres to DJJ policy 908.

PREA allegations are referred to Justice and Public Safety Cabinet's Internal Investigations Branch where Administrative Investigators are assigned for investigations. The facility provided staff certificates of specialist training from all investigators completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

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

approval shall be documented in the investigative report.

The Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021, establishes guidelines for IIB investigators for conducting investigations into allegations that meet the criteria under PREA. IIB has the responsibility for conducting administrative investigations into all allegations of sexual abuse involving youth in custody of the DJJ or sexual harassment of DJS youth by staff. If an allegation is criminal in nature, the allegations shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred. If the criminal investigation is initiated, the administrative investigation shall cease until the criminal investigation is complete or the primary investigator in the criminal investigation reports proceeding with the administrative investigation would not have a negative impact on the criminal investigation. IIB investigators shall provide any assistance or information to the criminal investigator with the exception of that which would be prohibited by the *Garrity v. NJ* court decision.

Once an allegation is received that meets the criteria of sexual abuse of a youth by staff the allegation shall be assigned for investigation and the investigation be conducted and documented in accordance with SOP IIB-001. 1) the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. 2) The investigation shall not be terminated solely because the source of the allegation recants the allegation.

3) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff.

4) During the course of an investigation, an effort shall be made to determine whether staff actions or failures to act contributed to the abuse. 5) Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 6) During the interview of victims, at the requests of the victim, a victim advocate, qualified agency staff member, or qualified community based organization staff member shall be permitted to accompany and support the victim during the interview. The facility Superintendent submitted a memorandum of clarification advising that during the current review period there was zero sexual abuse or harassment allegations during the past twelve months.

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

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

	<p>Interview Results:</p> <ul style="list-style-type: none"> • Fourteen out of sixteen random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policy requirements; the staff was to report all allegations to their immediate supervisor and an internal and criminal investigation would occur. • Specialized medical and mental health, and investigator knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 500, Professional Development, Definitions, dated January 17, 2017 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, dated June 23,2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 502, Professional Development, Pre-Service Training, dated June 23,2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 502, Pre-Service Training, reviewed 05/2016 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, dated June 23,2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 505, Training Requirements, Special Groups and Specialized Task Training, revised September 9, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention

Center Standard Operating Procedures number 911, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education reviewed 11/2016

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Justice and Public Safety Cabinet, DJJ, Acknowledgement of Phase 1 and Phase 10 PREA Training, staff training sign in sheet 2022
- Training Curriculum: PREA Phase Trainings Phases 1-10 Power Point Presentation
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Random and Specialized Staff

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

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

policy 502.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, policy section requires staff training requirements shall be determined by job classification. The staff that performs special duties or assigned tasks may be required to participate in specialized training, in addition to mandatory annual training. All revisions to these lesson plans shall be submitted by the facility or office to the assigned Training Branch Liaison for approval by the DPD prior to the training. C. Orientation and Pre-Service Training. 5. All staff hired in a DJJ facility shall be provided orientation training; x. Sexual Abuse Prevention and Response in Supervisory Settings/ Prison Rape Elimination Act of 2003 (PREA)(Annual). Academy shall contain at least five (5) weeks of instruction. e. The Training Branch shall ensure that Academy curriculum includes: xix. Sexual Abuse, Sexual Harassment, and Prison Rape Elimination Act of 2003 (PREA). 18. Student interns, volunteers, and contract staff shall complete an orientation prior to their assigned duties. The orientation shall include a review of DJJ Policy and Procedures that are applicable to the intern, volunteer, or contract staff responsibilities. All student interns, volunteers, and contract staff shall be trained on PREA. Additional training will be provided as needed. 19. Contracted educational staff shall complete trainings per Interagency Agreement and shall be trained at the same time as department staff. Training may be conducted by the local school district if reviewed and approved by the DJJ Program Services Division. Annual trainings shall include. PREA. 3. The Life Safety Course is a group of trainings designed to ensure that DJJ facility staff are adequately trained and prepared to maintain the health and well-being of youth. b. Life Safety Course includes the following trainings and annual in-service review: vii. PREA. The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, dated June 23,2018 complies with agency policy 505.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. In Section A. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 911, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education complies with policy 911.

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

As indicated in policy 911, DJJ staff shall train all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a yearly PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2022, all staff have received the required training. The facility uploaded the Training Curriculum: All PREA Phase Trainings for all employees, volunteers, interns, and contractors. The training curriculum material consists of agency policies and procedures, state statutes, facility standard operating procedures, power point presentation on all topics required by the standard 115.331. Employees are also trained on cross gender supervision, cross gender pat down searches, so the additional training is tailored to both genders, as both male and female residents are committed to the facility. Employees are all trained on cross gender supervision, so additional training in the event employees are re-assigned are not necessary. The agency provided the auditor with training event attendance sheet conducted in 2022.

The facility Superintendent/PREA Coordinator advised that our facility conducts PREA training annually and reviews this information in staff meetings. New staff will also receive training during their orientation period. Fourteen out of sixteen random staff interviewed were knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfil their role in preventing, detecting, and reporting sexual abuse and the topic of dynamics of sexual abuse and harassment within a confined setting. Specialized staff were interviewed and were knowledgeable of the PREA education requirements.

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

- In the past 12 months, the number of staff employed by the facility, who

may have contact with residents, who were trained on the PREA requirements reported were 22.

Interview Results:

- Sixteen random staff and three medical and mental health staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training.
- Fourteen out of sixteen staff interviews revealed they were knowledgeable on the aspects of PREA with the training topics 1-11 outlined in the standard.
- Based on the above listed information the agency and facility meet the standard for the relevant review period.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Prohibited Conduct of Staff, Interns, Volunteers, and Contractors, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of clarification from Superintendent indicating status of volunteers for past 12 months. <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee • Facility Superintendent

- Contractor who has contact with residents

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

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

In Section C. DJJ staff, volunteers, interns, and contractors shall not use any mode of communication to initiate or carry on a sexual or intimate relationship with a juvenile that is in the custody, care, or supervision of DJJ. 1. Except for staff, volunteers, interns, and contractors conducting official business for DJJ and with the approval of the Regional Director or Director of Community and Mental Health Services, DJJ staff, volunteers, interns, and contractors shall not initiate or accept contact on a social media or social networking site with a juvenile under the custody of DJJ or with a former DJJ juvenile unless that juvenile is over the age of twenty-one (21) years of age and has been released for more than one (1) year from DJJ custody. Staff shall document information obtained for business purposes in the running record or daily log. 2. DJJ staff, volunteers, interns, and contractors shall inform their direct supervisor, Superintendent, or Director of Community and Mental Health Services of any inappropriate written or verbal communications received from a juvenile, outside the scope of regular business interaction. Each inappropriate written communication or verbal communication received from a

juvenile, shall be documented in the juvenile's individual client record (ICR) for juveniles in a YDC, group home, day treatment, or community placement and an incident report shall be completed for juveniles in a detention center. The Superintendent or Director of Community and Mental Health Services shall forward this information to the Personnel Branch Manager or designee. 3. Staff shall not have an intimate, inappropriate, or romantic relationship with a juvenile or former juvenile that has been in the direct custody, care, or supervision of that staff or in a facility where the staff worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

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

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

- In the past 12 months, the number of volunteers and contractors, who may have contact with Residents, who were trained on the PREA requirements reported were three (3). During the twelve-month reporting period, the facility had zero active volunteers, namely due to Covid-19 and safety and security issues as explained in the memorandum of clarification from the Superintendent.

Interview Results:

- Interviews with two (w) contractors, Warren County Board of Education staff and medical nursing staff. They confirmed their knowledge of the required PREA training and the Agency's zero tolerance of any form of sexual activity

	<p>at the facility as well as their duty to report sexual abuse or sexual harassment.</p> <ul style="list-style-type: none"> • Interviews with the facility Superintendent confirmed that all volunteers, interns, and contractors receive the required training and provided documentation to verify such. • Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • KDJJ Youth Acknowledgement of PREA Education and PREA Documentation 2022 and current population auditor interviewed while on-site • Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version • Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions • Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Youth Acknowledgement of PREA Education and PREA Documentation • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Visual Opinion Sample • Human Trafficking Screener <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • Facility Superintendent/Facility PREA Coordinator • Intake Staff • Random and specialized residents

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

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

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

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

receive the comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR). H. In a detention center, juveniles shall receive verbal instruction, during each group counseling session regarding DJJ's zero tolerance policy and reporting information. The verbal instruction shall be documented in the group counseling progress note in the booking system.

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

Within 10 days of intake, the facility shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. PREA education is accomplished using the following: 1. Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Orientation Handbook; 2. Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions. The facility maintains documentation of resident participation in PREA education sessions by having the resident complete the Acknowledgment form.

On-going resident education is provided, and resident comprehensive education is provided via video and in-person or in written formats. The facility maintains documentation of resident participation in PREA education sessions. The facility intake staff indicated materials are accessible to all persons confined in the facility who are Deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient (interpreting services available), non-English speaking, and/or have limited reading skills. Intake staff will ask if any disability applies, or a resident can ask upon request. The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. During the tour it was very evident key information about PREA is posted throughout the facility and readily available to residents.

The auditor reviewed ten (10) resident files on the agency database and observed resident education material and acknowledgement forms were accurately completed, intake documentation completed within a few hours of admission and the comprehensive age-appropriate educational material completed within day two of resident's length of stay. The facility requires that residents who are transferred

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

Fourteen resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. There were four residents identified as having a cognitive disability and he was interviewed by the auditor who indicated intake staff provided the necessary time to explain all program rules, expectations, and PREA resident education material. The resident explained he completely understood the material that staff presented during intake and throughout his stay at the facility. Fifteen random staff and twenty resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

During the site review the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff, residents, and members of the public. PREA information is continuously and readily available upon request and observed throughout the facility.

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

- The number of residents admitted during past 12 months who were given this information at intake and received age-appropriate education reported was four hundred forty-one (441).
- The number of residents admitted during past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake were three hundred and forty-one (441).

Interview Results:

- The two Intake staff indicated that during orientation residents, to include transfers from other facilities, are educated on the zero-tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and

	<p>multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process and is given on the date of admission and well within twenty-four (24) hours.</p> <ul style="list-style-type: none"> • The Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency. • Eleven of fourteen residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment. • All residents were interviewed using the following statement: “When you came to this facility, were you told about...” “Your right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, your right not to be punished for reporting sexual abuse or sexual harassment” all but three of fourteen residents interviewed residents answered yes. The three residents answered “no”, resident education and PREA education acknowledgement forms indicated they received the information. • Based on the above listed information the agency and facility meet the standard for the relevant review period.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Specialized Training National Institute of Corrections Certificates for Investigators

Interviews:

- Agency Designee
- Facility Superintendent/Facility PREA Coordinator
- Administrative Investigator

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. In section A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. Agency training records indicate the seven (7) IIB investigators completed the training requirements outlined in standard 115.331.

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

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

not meet the definition of a Special Incident. IIB may refer allegations to the DJJ Ombudsman or Superintendent for investigation.

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

The agency provided specialized training records for all Internal Investigation Branch investigators. In addition to receiving general training provided to all employees in 115.331, the agency provided staff verification of the specialized training included but not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

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

- The number of investigators currently employed who have completed the required training were seven (7).

Interview Results:

- Interview with one (1) Administrative Investigator indicated that they qualified and knowledgeable of agency policy and the investigatory process. They also confirmed that they received the required training for Investigator.
- The Agency Head Designee, Investigator, and facility Superintendent confirmed the duties and responsibilities for the facility and investigative staff have received all required training.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.335

Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health
- Medical and Mental Health Staff/Contractor DJJ Acknowledgment of Phase 1 and 6 PREA Training Sheets
- Memorandum of Clarification

Interviews:

- Medical Nurse
- Mental Health Staff
- PREA Coordinator
- SAFE/SANE Examiner

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that

important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the training elements #1-10 in standard 115.331 and Phase 6: Medical and Mental Health Staff, modules 1-4 training.

The agency provided staff verification of the specialized training from the two staff completed the requires Phase 1 and 6 PREA training to include the specialized training for medical and mental health practitioners. The form, Medical Contractor DJJ Acknowledgement of Phase 1 and 6 Training: Medical and Mental Health were provided noting staff attendance, participation, and acknowledgment of understanding the presented materials.

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

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

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

Interview Results:

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Program Services, Intake and Orientation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 705, Detention Services, Individual Client Records, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Youth PREA Education Acknowledgement Form of random residents • Vulnerability Mental Health Referral Forms- random samples • Victimization and Sexual/Physical Aggression Screener samples of interviewed residents • Resident Reception Summary and Youth Acknowledgement • Training Video and Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener • Introduction Letter to begin using the Victimization and Sexual/Physical Aggression Screener <p>The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for</p>

victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. B. The following staff may complete the vulnerability assessment: 1. The Superintendent or certified designee; 2. A counselor; 3. The Treatment Director; or 4. The Youth Service Program Supervisor (YSPS) or other staff in a group home. Section H. Each completed vulnerability assessment, with results, shall be placed in the hard case file of the juvenile.

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

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

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, section A. Overall authority and responsibility for information systems in DJJ shall be assigned to the Division of Administrative Services, Information Systems (IS) Branch. B.

Information systems shall include youth record management programs and any other application that is designed to maintain information on Department functions. The design and format of the information system shall be the sole responsibility of the IS Branch and shall be based on current technology, overall usability, and best practices for similar types of systems. D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. F. Youth records maintained in the data system shall be maintained according to the DJJ Records Retention Schedule.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Detention Services, Intake and Orientation, dated April 5, 2019, policy section requires the Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR) established for each youth. ICR management shall include the establishment, use an intent of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records. Section A. All juvenile records shall be clearly marked "Confidential". B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file. C. An ICR shall be maintained for each juvenile according to the following outline. Information in each section shall be filed in chronological order, except where otherwise noted.

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 705, Detention Services, Individual Client Records, policy section, states the Department staff shall maintain appropriate, accurate documentation regarding all aspects of each juvenile's case record. Resident case

records management shall include, at minimum, the establishment, use and content of the juvenile's records, right to privacy, secure placement of records and a schedule for retention and destroying inactive records.

Section 4. Procedures reads, A. All juvenile records shall be maintained electronically. Staff shall be responsible for the establishment and maintenance of the juvenile's record within the Detention Booking System. Any records maintained outside of the booking system shall be scanned into the electronic records periodically, no later than the release or transfer of the juvenile. C. Access to records and files shall be restricted to: 1. The juvenile's attorney; 2. Judges, prosecutors, and law enforcement officers, with departmental approval, when essential for official business; 3. Direct Care Staff, Counselors, Supervisors, Administrative Secretary, and Administrators in the Detention Facility. 4. Detention Alternative Coordinator; 5. Child Abuse Investigators or investigators from the Internal Investigation Branch.; 6. Agency or contracted medical personnel; 7. Individuals and agencies for the express purpose of conducting approved research, evaluative, or statistical studies as outlined in DJJPP Section 1 (Research Projects); 8. Attorneys with the Justice Cabinet; and, 9. Division of Program Services Quality Assurance Branch. H. Schedule for Retention and Destroying Inactive Records: All records shall be managed according to the Record Retention and Disposal Manual of the State Archives and Record Commission, Public Records Division.

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

During the site review the auditor observed observe a juvenile being screened for risk of being sexually abused or sexually abusive. The staff conducting the intake and risk screening has consistently conducted the screening process and has been an employee at the facility for approximately twenty years. The screening process between the juvenile and intake staff occurred in an open reception counter located in the reception intake area. The location for the intake was not ideal that ensured as much privacy as possible given the potentially sensitive information discussed during screening. Typically, intakes are conducted inside a holding room that take

place out of earshot of other staff and juvenile who would not otherwise participate in the screening process.

The intake/screening staff asked the screening questions in a manner that fostered comfort and elicits responses. On several occasions during the intake screening process, staff took the necessary time to verify the juvenile understood the questions asked and gave the juvenile the opportunity to ask questions. The intake screening staff used the required assessment form, the Victimization and Sexual/Physical Aggression Screener instrument. The intake screening staff affirmatively asked the juvenile about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). The agency JORI database was used to obtain additional information to complete the initial risk screening assessment.

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

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

KDJJ ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. During the site review, the auditor observed a resident being screened for risk of being sexually abused or sexually abusive in addition to the required PREA resident education material reviewed at intake and orientation. There was one newly admitted juvenile to the facility during the two and half days while on-site. The auditor interviewed two staff that performs screening for risk of victimization and abusiveness, one social services worker and social services clinician. The two screening staff interviewed were knowledgeable with the facility's screening process. Both staff who performed the Victimization and Sexual/Physical

Aggression Screener instrument stated that residents admitted to the facility are screened for risk of victimization and abusiveness and expressed knowledge on what the initial risk screening considers and the process for conducting the initial screening. The two screening staff could have articulated the rationale with obtaining certain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender, and intersex, and whether the resident may therefore be vulnerable to sexual abuse.

When on-site at WRJDC, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the intake and screening staff.

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Staff that performs Screening for Risk of Victimization and Abusiveness
- Intake Staff
- Random Staff
- Random and Targeted Residents

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

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was three hundred fifty-seven (357).

Interview Results:

- With regards to youth screening questions (115.341 and 342), fourteen residents interviewed were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. Twelve out of fourteen interviewed residents remembered being asked the questions at Intake. The auditor asked if staff ever asked the screening questions again, four of six applicable residents placed longer than three months indicated they have been asked the question more than one time. The number of residents who said no or did not remember the initial screening, the auditor requested and received

	<p>resident the Victimization and Sexual/Physical Aggression Screener from all interviewed residents. Upon receipt of the assessments, all residents were asked all relevant questions during the intake/admissions process and receiving quarterly reassessments.</p> <ul style="list-style-type: none"> • The auditor interviewed two Intake Staff and asked if staff could walk him through the intake process. The five Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the resident handbook, orientation/assessment, resident education Acknowledgment of Understanding forms, consent to disclose abuse, resident rights, mental health referrals. The Intake staff further stated that all residents who enter the facility receive the information and are made aware of their rights within 24 hours of admission. Record sample indicated intake requirements were met within the twenty-four-hour time frame. The two intake staff were consistent with the process by reviewing all required information with residents. Ten resident file records were reviewed and indicated residents are screened within the required timeframes and were re-assessed for risk of vulnerability and aggressiveness based on reporting sexual abuse. There was no resident who disclosed prior sexual victimization during the screening and intake process and were referred to the appropriate medical and mental health for follow up services. • Based on the above listed information the agency and facility meet the standard for the relevant review period.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 717, Detention Services, Discipline and Special Behavior Management, dated October 5, 2018

- Kentucky Department of Juvenile Justice, Jefferson RJDC Standard Operating Procedures number 717, Discipline and Special Behavior Management, reviewed 9/2016
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018
- Memorandum of Clarification from Superintendent on housing assignments, isolation for protective custody in PREA incidents, Housing/Programming Assignments
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KDJJ SAB/VV Interpretation/Criteria Guide
- Victimization and Sexual/Physical Aggression Screener Samples
- Youth PREA Acknowledgement Form Examples
- Vulnerability Mental Health Referral Examples
- Google news alert articles regarding KDJJ facilities

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Staff who Supervise residents in Isolation
- Staff that performs Screening for Risk of Victimization and Abusiveness
- Mental Health Staff
- Intake Staff
- Medical Staff
- Random Residents
- Transgender/Intersex/Gay/Lesbian/Bisexual Residents
- Residents in Isolation

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, sections E. Information obtained from the screening shall be used in determining housing, bed, education, program, and work assignments in accordance with 28 C.F.R. 115.342. F. A juvenile shall not be given a housing assignment based solely on being identified as LGBTQI or sexually abused. LGBTQI residents shall not be isolated solely because of sexual orientation but may be housed in a single room if the vulnerability assessment result is determined to be high risk. G. A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services. The examples of his intake documents, VSPA Screener and follow up quarterly VSPA were provided by the facility.

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 717, Detention Services, Discipline and Special Behavior Management, requires discipline shall be administered to create a learning experience for the juvenile and shall not be administered to degrade or humiliate a juvenile. Alternatives shall be provided for out-of-control juveniles who require special behavior management. Special behavior management programs shall be individualized. Corporal punishment, the use of mechanical restraints, abuse, assault, personal property damage, harassment, the denial of meals or snacks, and the interference with daily functions of living, such as eating, or sleeping shall be prohibited as punitive consequences.

Stated in Section E. The following are examples of acceptable disciplinary interventions or consequences: The facility may be on a lockdown status for the safety and orderly maintenance of the facility. Juveniles in all living units in the detention center may be placed on Room Restriction Status. 9. Isolation: a. The following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: ii. Sexual Assault or attempted sexual assault; b. Authorization shall be obtained from the Superintendent, Youth Services Program Supervisor (YSPS), Administrative Duty Officer (ADO), or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. c. The Superintendent may authorize a youth to remain in isolation beyond an initial four (4) hour period, not exceed twenty-four (24) hours. d. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). e. An extension of an isolation placement beyond thirty- six (36) and up to a maximum time for an isolation placement shall not exceed (48) hours with the approval of the respective Division Director and the Chief of Mental Health Services. f. The purpose for any

extension beyond (4) hours shall be documented in the youth's Individual Client Record (ICR).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, policy section requires DJJ in accordance with state and federal laws, each juvenile under the jurisdiction of the Department for Juvenile Justice (DJJ), shall have the right to live in an environment free of harassment and discrimination. DJJ shall be committed to providing a healthy and accepting setting for juveniles placed in the custody, care, or supervision of DJJ. DJJ staff shall respect the dignity of heterosexual, lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) juveniles and create an environment that is safe and free of discrimination. Section E. LGBTQI juveniles shall not be placed in isolation or segregation as a means of keeping them safe from discrimination, harassment, or abuse. LGBTQI juveniles shall not be treated or classified as a juvenile sex offender (JSO) unless required by a court. F. Facility staff shall make housing decisions for all juveniles including transgender and intersex juveniles based on the individualized needs of a juvenile; and shall prioritize the emotional and physical safety of a juvenile, taking into account the perception of where they will be most secure, as well as any recommendations from the health care provider of the juvenile. Section H. DJJ shall provide transgender and intersex juveniles with safety and privacy when using the shower and bathroom and when dressing and undressing. I. DJJ staff shall not require transgender and intersex juveniles to shower or undress in front of other juveniles; and transgender juveniles shall be permitted to use single occupancy bathrooms and showers, if available. Such accommodation shall be provided in a sensitive manner. J. DJJ staff shall provide LGBTQI juveniles access to medical and mental health care providers who are knowledgeable about the health care needs of LGBTQI juveniles.

A memorandum of clarification from the Superintendent explained that the Intake Staff complete the VASPA on all youth that enter Warren Regional Juvenile Detention Center, and concerning process and procedure for youth housing assignments. Housing decisions are made based on the following factors youth's scores on intake screening documents, availability of beds on each unit and youth's general demeanor and compliance level during the intake process. We will also assess potential security risk by housing a youth in certain locations (for example, being mindful not to place too many gang affiliated youth in the same housing area).

Housing assignments are reevaluated each time a new intake is received or after a disruptive event has taken place (assault, fight, attempted AWOL, etc.) The booking system requires supervisors and administrators to identify the reason for the room change and noted on the daily population report. While on-site, the auditor verified room and programming assignments indicating residents were properly placed according to the VASPA assessment rating using the daily population report. The report is updated when issues are presented and when newly admitted residents are placed at Warren RJDC. In November 2022, the victim of an alleged sexual assault that occurred at another DJJ facility was placed in the intake unit (not isolation) under observation for a time period of 24 hours prior to her transfer to a DJJ youth

development center.

According to news reports, beginning December 15, 2022, at the direction of the Commonwealth's Governor, the Kentucky Department of Juvenile Justice implemented a new system where the Department of Juvenile Justice (DJJ) will operate three high-security detention centers, one of which is Adair YDC, housing male juveniles 14 years of age or older who have been charged with a violent or serious offense (Capital, Class A, B or C felony). The current system in place had not evolved to fit the needs of today's at-risk youth and adequately respond to increased youth violence and involvement in gangs. A new detention classification system allows DJJ and the commonwealth to enhance protocols and training so staff can better respond to the current population. Over time, DJJ staff will be able to better deal with high-security detainees, always understanding that these youths must be treated with care and compassion but also recognizing that alleged violent offenders present different safety considerations. The increase of violent youth in our DJJ facilities calls for new tools and training to assure the safety of our workers and the more vulnerable youth in our care. DJJ policies will need to be upgraded to provide staff with protective equipment to adequately respond when the offenders start a riot or assault staff or one another. DJJ facilities are equipped with protective equipment. The agency is exploring the possibility of equipment, such as tasers, or pepper spray, and are purchasing body scanners to be placed in every detention center to help eliminate contraband coming into the facilities.

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

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

Interview Results:

- Interviews with the Agency Designee, facility Superintendent/PREA Coordinator, Intake Staff, and staff performing risk screenings indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents. Interviewed specialized staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment.
- Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings

	<p>solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues. Over the past 12 month reporting period, there was one resident who identified as lesbian, gay, or bi-sexual. There were zero residents housed at the facility who identify as transgender or intersex. There were zero residents that identified as LGBTI housed during the site review.</p> <ul style="list-style-type: none"> • Documents confirming compliance, the auditor reviewed resident files identifying among others the DJJ Warren Regional Juvenile Detention Center resident notes indicating bed and programming assignments, Victimization and Sexual/Physical Aggression Screener and Youth Acknowledgement. • Based on the above listed information, the agency and facility meet the standard for the relevant review period.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Youth Worker Handbook 2021 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty

- to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Memorandum of Clarification
- KDJJ Website for Reporting Information
- Grievance Form

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

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

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

Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the facility Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director,

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

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section A. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 1. The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; 2. How to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. Section K. Juveniles shall have access to the IIB hotline telephone to report an incident, allegation, or complaint. In a facility that does not have a direct access to the IIB hotline juveniles shall be permitted to use a facility telephone. The 1-800 IIB hotline number shall be clearly posted.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take

immediate action to protect the juvenile. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections C. Youth shall have access to the communication media through written requests or through media visits. All requests shall be subject only to the limitations necessary to maintain order and security and to protect the youth's rights, or as provided by law. Requests for media contact shall be acted upon in accordance with DJJPP Chapter 1 (News Media Contacts). Section H. Youth shall be treated in a humane manner and shall have the right to be protected from exploitation, neglect, and physical, sexual, and emotional abuse. This shall include corporal punishment, intentional injury, use of intimidation, threatening, or abusive language toward the youth, either verbally, in writing, or by gesture. Any suspected abuse or neglect of youth shall be reported in accordance with KRS 620.030 and DJJPP Chapter 1 (Staff Code of Ethics).

Section BB. Youth in Day Treatment shall have access to a telephone to initiate and receive emergency personal calls. Youth in detention shall have the right to make successful contact with family members, attorneys, or other approved individuals during the admission process. Each youth in group homes, residential and detention programs shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and maintain contact with attorneys. CC. Youth shall have the right to report any problems or complaints without fear of reprisal. There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal.

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

reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours.

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

The auditor contacted a multitude number of community advocate organizations such as Just Detention International, Kentucky Sexual Assault Kentucky Association of Sexual Assault Programs (KASAP), Hope Harbor Inc. to inquire if that agency or facility had received any information regarding the facility. A check of their records at the five organizations showed no complaints on file regarding the parent agency, KDJJ or facility. Representatives from Hope Harbor was familiar with only the one recent sexual abuse allegation that occurred at another DJJ facility that required services for a brief period of time while the resident was at Warren RJDC.

Fourteen residents indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the IIB1-800 call number, and the local social services agency. The methods to submit a report by filing a grievance and calling the hotline, accessibility was limited due to the facility operations that restricted residents to their room lasting more than twenty hours per day. In order for residents to access the grievance box and IIB reporting line, residents would verbally request staff to let them out to make the call. Twelve out of fourteen residents interviewed explained they have reasonable accessibility by asking staff to let them out of their room to call the IIB hotline. The remaining two residents reported other ways to make a report by telling staff, attorney, or parents/guardians. According to the facility Superintendent, based on improved safety and security measures implemented in the facility, to include staffing increase of certified staff over the past several months, residents on all living units have been participating in recreation, residents are out for room cleaning, and making telephone calls to attorneys and parents. Educational services are provided on all living units and according to the Superintendent, there is no timetable for removing controlled movement, however, the agency and facility's goal is to have two security staff on each living unit.

The resident grievance boxes are located on each living unit. The auditor tested the grievance process by placing a form in one grievance box. The Facility

Superintendent notified the auditor of receiving the notice on the second day of the site review, and was within the required timeline pursuant to the agency policy. With regards to resident's ability to report sexual abuse in a written format, send and receive mail, accessibility to mail drop boxes is in areas accessible to resident housed in the group home Drop boxes are clearly identified, secured by a lock and key, and access to the boxes are limited to the facility Superintendent, PREA Coordinator, and YSPS. On one of the living units, there was one grievance box that was missing and one grievance box that was not labeled. At the exit meeting, the facility ordered a grievance box and labeled the one box. Prior to the issuance of this report, the facility provided photographs of the newly installed grievance box and labeled the one grievance box.

Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents by dialing the IIB Hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing. A test call was attempted on two living units however the call was unsuccessful due to the telephone number was incorrect. Prior to the exit meeting, facility administration amended the notices and the test was successful.

When on-site at WRJDC, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Director and supervisory staff. The electronic information was password protected on facility owned computer equipment. The agency and facility use a wide array of resources to education residents on multiple ways to report sexual abuse and harassment, such as the Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Orientation Handbook, documentation on the grievance process, youth education curriculum, acknowledgement forms, and agency/facility brochures and pamphlets. During the tour, posters and notices were observed throughout the facility and are designed with bright colors. They were eye-catching and give the five ways to report sexual abuse and harassments.

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

The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the PREA IIB Hotline for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties. The agency distributes publicly through the KDJJ website the e-mail, address, and information on how to report sexual abuse and sexual harassment on behalf of the resident and the KDJJ policy regarding the

referral of allegations of sexual abuse or sexual harassment for criminal investigations. At the time of hire, staff complete the new hire orientation PREA training and sign the acknowledgment form. On a yearly basis, all staff receives refresher training to include methods to make a private report of sexual abuse or harassment such as calling the IIB hotline number by completing the Phase 1 PREA Training and sign the acknowledgement form indicating they understood the training. Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials who have a need to know to perform their duties. Persons who report sexual misconduct will be free from retaliation. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the IIB hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing.

Interview Results:

- Fourteen (14) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment, and retaliation.
- Most residents gave many ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties.
- Most residents interviewed were aware of how to access the hotline, but had limited access.
- Fourteen of fifteen random staff were knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment. All staff interviewed knew they were considered mandatory reporters and if they receive a report of sexual abuse, sexual harassment, or abuse they are required by state law to inform their supervisor and report the allegation to the appropriate agencies.
- Based on the above listed information, the agency, and facility meets the standard for the relevant review period.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Detention Services, Intake, Reception, and Orientation, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 706, Detention Services, Grievance Procedure, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 209, Admissions, Youth Access to Outside Investigative Agencies
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification
- Resident Grievance Tracking Sheet for 2022, 2023

Interviews:

- Agency Designee
- Facility Superintendent/Facility PREA Coordinator
- Grievance Officer
- Administrative Assistant
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section F states if a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the

Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, revised September 9, 2019 complies with policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, sections A. and B reads, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 140, Administration, Reporting of Special Incidents, dated September 9, 2019 adheres to agency policy 140.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 702, Detention Services, Intake, Reception, and Orientation policy section requires juveniles shall undergo screening and assessment at admission and receive a thorough orientation to the facility's procedures, rules, programs and services. In section C. Orientation, 1. All juveniles being admitted into secure detention shall receive orientation in their own language. Material shall either be written or interpreted to ensure understanding of the juvenile's rights and facility's rules and guidelines, including grievance procedures and how to access medical and mental health services. 2. Within 24 hours of admission, facility staff shall provide a handbook of rules and discuss with the juvenile: a. Rules governing conduct; b. Chargeable offenses; c. The range of penalties; d. Disciplinary procedures; and e. Incentives for good behavior. 3. This handbook is provided to juveniles in a written. If the youth handbook is provided electronically, juveniles in isolation are provided the information in a written format so that their access to the information is not impeded by their custody status.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 706, Detention Services, Grievance Procedure, policy section requires all juveniles shall be provided an internal grievance mechanism for complaints arising from institutional matters. Section D. Prior to filing a grievance, an effort shall be made to resolve the issue informally, without staff retaliation. A special incident shall not be handled informally or through the grievance process and shall be reported immediately to the facility Superintendent and Internal Investigation Branch (IIB).

Stated in Section P. Grievance Process: 1. A grievance shall be submitted by the juvenile within fourteen (14) days of the grieving incident occurrence. The exception to this shall be if the incident falls under the classification of a Prison Rape Elimination Act (PREA) occurrence, such an incident shall not have a time limit applied. All PREA incidents shall be reported through the Hotline pursuant to Chapter 9 of the DJJ Policy and Procedures. 2. The grievance shall contain: a. All the information concerning the issue being grieved; b. All the information concerning the effort to informally resolve the issue; and the desired resolution. 3. A grievance or notification of intent to present a verbal grievance shall be deposited, by the juvenile, into a secure locked box with staff key control. 4. Grievances shall be retrieved from the locked box within twenty-four (24) hours. A designated grievance officer shall be assigned to the grievance upon retrieval from the lockbox. The designated grievance officer shall conduct resident and staff interviews within three (3) business days of receiving the grievance. This includes obtaining all relevant documentation and progress notes. 5. If a grievance is a medical issue, a facility nurse shall be involved in the resolution process at the facility level. 6. Upon conclusion of the interviews, the designated grievance officer shall present a written response to the juvenile within three (3) business days. 7. The findings shall be one of the following: "substantiated", "not substantiated", "withdrawn", or "other". "Other" may include the grievance issue being referred to the Internal Investigation Branch (IIB) or the Office of the Ombudsman. The grievance officer shall consult with the Office of the Ombudsman, as needed.

In section Q. Grievance Appeal Process: 1. If dissatisfied with the resolution presented by the designated grievance officer, the juvenile may appeal the grievance to the facility Superintendent within forty-eight (48) hours. The juvenile shall present all previous information submitted. The appealed grievance shall be deposited in the grievance box or presented to the designated grievance officer and be provided to the facility Superintendent by the designated grievance officer. 2. Within three (3) business days of receiving the appealed grievance resolution, the facility Superintendent shall meet with: a. The designated grievance officer; b. The juvenile; and, c. Staff involved and witnesses, at the discretion of the facility Superintendent. 3. The facility Superintendent shall have up to five (5) business days to present a written final response to the juvenile. 4. A copy of the facility Superintendent's final resolution of the appeal, the grievance, and all appropriate attachments shall be forwarded to the Facilities Regional Administrator (FRA) and Office of the Ombudsman. Section R. Grievance Process Time Frames: 1. If the time frames are not met by the juvenile, the grievance is automatically terminated

unless a legitimate reason for the delay is presented to and approved by the facility Superintendent. 2. If the time frames are not met by the designated grievance officer, the grievance shall automatically be referred to the facility Superintendent by the designated grievance officer. The facility Superintendent shall follow the grievance appeal process timeframes. 3. Due to the unavailability of an essential party, the time frames may be extended. The reason for the extension shall be noted on the grievance documentation.

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

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

The Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws requires all staff who become knowledgeable or reasonable cause that a youth was abused or neglected must file a report with the

local law enforcement or the Department of Kentucky State Police within 48 hours. The Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet specifies which agencies are required to make a report to include the Department of Juvenile Justice staff. The Kentucky Revised Statutes (KRS) 500 KAR 13:020, Office of Investigations, establishes procedures for investigations by the Office of Investigations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections CC. Youth shall have the right to report any problems or complaints without fear of reprisal.

There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal. DD. Youth who believe that their rights have been violated shall have the right to file a grievance as set forth in DJJPP Chapter 3 and 11 (Grievance Procedure) for youth in a day treatment, group home, or YDC or a service complaint as set forth in DJJPP Chapter 6 (Service Complaints) for youth in community or other placements.

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

In section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the facility Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB

hotline.

The facility PREA Coordinator submitted a memorandum of clarification advising that during the current audit period there have been no occurrences of grievances alleging sexual abuse. On the first of the on-site visit, the auditor, the youth grievance system was tested by placing a grievance letter into the box located on the living unit and administration building resulting in the facility PREA Coordinator notifying receipt on the following day. The facility Superintendent/PREA Coordinator submitted a memorandum of clarification which stated in the past twelve months there have been no grievances alleging sexual abuse and did not involve extensions because final decision was not reached within 90 days. The Superintendent submitted a resident grievance tracking sheet log for the past twelve months which indicated no grievances that were filed that alleged sexual abuse. Over the past twelve-month reporting period, grievance filed by residents ranged from staff leaving residents secured in room on second shift with substantiated outcome, residents received undocumented consequences and staff cursed at them with unsubstantiated outcomes, and unfair treatment resulting in an outcome of youth offered grievance form but declined to complete and file the grievance form.

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

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

Interview Results:

- According to all staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- The methods to submit a report by filing a grievance and calling the hotline,

	<p>accessibility was limited due to the facility operations that restricted residents to their room lasting more than twenty hours per day. In order for residents to access the grievance box and IIB reporting line, residents would verbally request staff to let them out to make the call. Eleven of the fourteen residents interviewed explained they have reasonable accessibility by asking staff to let them out of their room to call the IIB hotline. The remaining three residents reported other ways to make a report by telling staff, attorney, or parents/guardians.</p> <ul style="list-style-type: none"> • Ten of fourteen residents interviewed indicated they have filed a grievance for non-sexual abuse complaints and did not have the grievance resolved in a timely manner. During the on-site visit, the auditor met with the grievance officer that logs grievances into the facility database system. Both staff provided documentation to verify the residents that filed grievances, grievances were resolved in a timely manner, without reprisal, or threat of reprisal. • During the intake and admissions, most residents stated they receive a facility handbook and supplemental information on the grievance process. Residents acknowledge receipt by signing the appropriate form. • Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

- Policy and Procedures,
- policy number 720.6, Detention Services, Family and Community Contract, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 720, Detention Services, Social Services, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures,
 - policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, dated May 15, 2017
 - Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center, Detention Handbook
 - Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
 - Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
 - Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
 - Youth Education Curriculum Guide
 - Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
 - Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
 - Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
 - KDJJ-KASAP Processes
 - KASAP SPOC List 2020
 - Childhelp Helpline Poster
 - Hope Harbor Inc. Pamphlet
 - Mail Log Sample March 2022
 - Visitor Sign in and out Log March-May 2022
 - Telephone Log

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse
- Representative from Hope Harbor Inc., local victim advocate center

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

potentially criminal violations shall be referred to local law enforcement.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018, shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero-tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type. Section A: Procedures, DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided.

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

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

bear the cost of postage.

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 720, Detention Services, Social Services, policy section requires the regional juvenile detention centers shall provide a range of structured programs and services which meet the individual needs of each juvenile. These programs and services shall be provided while maintaining the necessary protection to the individual juvenile, agency personnel and the community at large. Section A. Program and service components shall address the following areas: 7. Mental health; 11. Social services and counseling (individual, group, and family; life and social skills; decision making skills; anger management; money management; etc.); 20. Juvenile rights and privileges, to include access to attorneys, courts, legal material and news media; 21. Communication: mail, telephone and visitation. In reviewing the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 720.6, Detention Services, Family and Community Contract, policy section requires juveniles shall have the right to receive visits, subject only to the limitations necessary to maintain the order and security of the detention center. Juveniles shall have the right to send mail, except commercial enterprise ventures, and shall be provided postage for two letters per week. Juveniles shall be provided access to the telephone within the limits of the orderly operation of the facility, in order to maintain community and family ties. Contact with attorneys shall be facilitated through unlimited legal correspondence, reasonable postage provided by the facility, and placing or receiving calls. Section B. Visitation, 1. Procedures regarding visitation shall be included in each facility's standard operating procedures and the resident handbook and made available to staff and juveniles. Facilities shall develop standard operating procedures that are consistent with this

policy and include: a. Detailed visitation hours; b. Location and directions to the facility; c. Facility phone numbers; d. Information about local public transportation; e. Approved dress code; f. Items authorized in visitation rooms; g. Special rules for children h. Authorized items that visitors may bring to the juvenile; i. How special visits outside normal hours are approved; j. Documentation of visits; k. Rules for supervised visitation; l. Circumstance under which visits are supervised; m. Visitor sign-in and sign-out; and, n. Distribution of facility rules and regulations. 2. Programs may retain identification of visitors at sign in until the completion of visitation. 3. Visitors shall be required to be scanned with a metal detector. If probable cause exists that a visitor is in possession of weapons or contraband, the person may be asked to submit to a pat-down or frisk search, or be denied entry. 4. While visitation shall be encouraged, any visitor may be excluded from contact with a juvenile and the program under the following: a. It is established that the visitor was involved in the juvenile's offense; b. A visitor refusing to follow facility rules or procedures; c. Posing a threat to the safety of the youth or the security of the facility; d. Any visitor who refuses a request to be searched by facility staff; e. Appears to be under the influence of drugs or alcohol; or f. has been a disruption to the program; 5. Programs shall develop security and documentation procedures for exclusions of visitors; 6. Visitation may also be denied by the Superintendent if the juvenile is in room confinement or if behavior presents a threat to others; 7. Any group wishing to visit the program or a specific juvenile shall be required to have the advance approval of the Superintendent.

In Section C. Mail, Procedures governing correspondence of juveniles shall be included in each program's standard operating procedures and resident handbook and made available to staff and juveniles. Facility regulations pertaining to mail shall be available to parents and caregiver upon request. These procedures shall be reviewed annually and updated as needed and shall include the following: 1. A mail log shall be maintained as documentation of receipt and delivery of mail and packages. 2. Except as provided by this policy and a substantial reason, if the juvenile bears the mailing cost, there shall be no limit on the volume of mail a juvenile may send or receive. A substantial reason restriction shall be based upon safety and security, shall be approved by the Superintendent, and shall be recorded in the juvenile's record. 3. Resident mail with gang writing on the outside or sent from incarcerated individuals may be delivered, returned, or placed in the juvenile's secured possessions at the discretion of the Superintendent. 4. A juvenile's mail, both incoming and outgoing, shall not be read by staff except for substantial reason. A substantial reason restriction shall be based upon safety and security, be approved by superintendent, and be recorded in the juvenile's record. If mail is to be read by staff, the juvenile shall be informed in advance and be present when the mail is opened. No juvenile shall be forced to read his mail aloud. 5. Juveniles may send and receive sealed letters to and from court, counsel, and officials of the Department of Juvenile Justice or Justice Cabinet. Staff, in the presence of the juvenile, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to a juvenile from this specific class of persons and organizations may be opened only to inspect for contraband and only in the presence of the juvenile, unless waived in writing, or in circumstances which may

indicate contamination. All other incoming mail and packages shall be opened in the presence of staff to guard against contraband. Cash, checks, or money orders removed from incoming mail shall be secured and returned to the juvenile upon discharge. These items may also be returned to the sender with the approval of the Superintendent or designee, notification to the juvenile, and appropriate documentation in the juvenile's case record. 6. There shall be restrictions as to which publications shall be allowed to be delivered to juveniles in the facility and such restrictions shall be directly related to the maintenance of facility order and security. Each facility's Superintendent, in conjunction with the Facility Regional Administrator, shall determine the publication restrictions of their facility. 7. Mail shall not be held more than 24 hours and packages not more than 48 hours, excluding weekends and holidays. In emergency situations in which the normal facility procedures, policy, or activity is disrupted by riot, escape, fire, natural disaster, employee action, or other serious incident, mail shall be delivered according to schedule when normal procedures and activities are restored. All first-class letters and packages received for juveniles who have been transferred or released shall be forwarded to the address designated by the resident.

In Section D, Telephone 1. Procedures governing telephone use of a juvenile shall be included in each program's Standard Operating Procedures Manual and Resident Handbook and made available to staff and juveniles. These procedures shall be reviewed annually and updated as needed. 2. Juvenile shall have access to reasonably priced telephone services and shall be assured that all contracts involving telephone services comply with all applicable state and federal regulations. All rates and charges shall be commensurate with those charged to the general public for like services, and any deviations from ordinary consumer rates reflects actual costs associated with the provision of services within the correctional setting. Contracts for juvenile telephone services shall provide the broadest range of calling options determined by the agency to be consistent with the requirements of sound correctional management. 3. Telephones with volume control shall be made available to juveniles with hearing impairments. 4. Juvenile with hearing and/or speech disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment. 5. A log of telephone calls made and received shall be maintained for each juvenile. The log will be retained within the juvenile's record. 6. Facilities shall provide for transmitting urgent messages directly to juveniles. Messages of a non-urgent matter may be directed to the juveniles.

The facility reported during the reporting period one incident that required victim advocate services from Hope Harbor Inc. for a resident victim that occurred at another DJJ facility. The length of services for approximately a twenty-four-hour period prior to the residents transfer to an agency youth development center. A letter from the licensed clinical social worker, at Hope Harbor, a local sexual assault resource center, indicated the center provided additional emotional support services during the victim's short length of stay at Warren RJDC. When the medical facilities are notified of a sexual assault, they contact the local rape crisis center, Hope Harbor Inc. for a victim advocate to respond in person to the health system. According to the representative at the center a victim advocates provide a wide

range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to the Medical Center of Bowling Green, the local SAFE/SANE hospital for the facility. The facility provided the Kentucky Sexual Assault SPOC list dated 2021 identifying the local rape crisis center and the victim advocate by name and contact information.

When a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the facility PREA Coordinator, the facility social services clinician is the qualified staff member has is available to respond and provide victim advocate services should the need arise.

Interview Results:

- Only four (4) out of fourteen (14) residents interviewed knew there are confidential emotional support services available outside of the facility for dealing with sexual abuse if they needed it, residents knew what kind of services were available and received mailing addresses, when you are able to talk with people from these services and knowing what is said remains private related to mandatory reporting law.
- Based on the above listed information the agency and facility does not meet the standard and will be required to complete corrective action.

Correction Action:

- Provide follow up resident education to residents within the current population and include newly admitted residents during the intake process on local KASAP Inc., confidential emotional support services outside counseling services. The random resident protocol questions can be used as a guide to develop a brief one-page resident education lesson.
- Provide the auditor with documentation of resident participation in the education sessions.
- Timeline to complete this deficiency will be within the first 60 days of the correction action period.

Corrective Action required and verification since the on-site phase:

On July 14, 2023, there was a Zoom conference call meeting with the agency PREA Compliance Officer, PREA Branch Manager, and auditor to discuss and develop a

	<p>corrective action plan to address the identified deficiencies described in the interim report to include juvenile standard 115.353. The agency was to provide resident education on the topic of emotional support services. During July 11-12, 2023, the facility Superintendent and facility PREA Coordinator provided the auditor with a resident population sheet indicating the facility educated all residents in current population of emotional outside counseling support services offered by the local Kentucky Association of Sexual Assault Programs (KASAP) center. Moving forward newly admitted residents will also receive information on services the local KASAP center provides if a resident can seek while in the facility or in the community should the resident need such services.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Resident Handbook • Facility brochure • IIB Website • DJJ Website • Memorandum of Clarification from Agency Designee <p>Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual offense directed toward juveniles who are in the custody, care, and supervision of DJJ. Section A. requires all DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in</p>

accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

The Agency Designee advised that Department of Juvenile Justice PREA reporting information is available through the DJJ website (<http://djj.ky.gov>). This information along with facility contact information is also shared with residents and parents/guardians during the admission process. Letters are sent with facility and program information to the family to explain the reporting process. The Department 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.

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

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 outside investigating entity, IIB, 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. During the site review, the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets.

On two living units, the auditor used the IIB posting to make a test call to verify the system was in working order. The IIB notice on the two living units had the incorrect telephone number resulting in the test call as not successful. Prior to the end of day two of the site review, facility administration amended the IIB notice and the reporting line was tested resulting in the successful call.

Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff,

residents, and members of the public. PREA information is continuously and readily available and observed throughout the facility. The auditor conducted and documented a test call to the designated third-party reporting entity using the same method provided to residents and the public as written on signage and on the agency website.

The methods to submit third-party reports was confirmed by speaking to the IIB investigator. The same method for resident accessibility was limited due to the facility operations that restricted residents to their room lasting more than twenty hours per day. In order for residents to access the IIB reporting line, residents would verbally request staff to let them out to make the call. Twelve of the fourteen residents interviewed explained they have reasonable accessibility by asking staff to let them out of their room to call the IIB hotline. The remaining two residents reported other ways to make a report by telling staff, attorney, or parents/guardians.

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Investigator
- Random Staff
- Random Residents

Interview Results:

- Twelve out of fourteen resident interviews, their knowledge on third party reporting was satisfactory.
- Sixteen random staff knew how third-party reporting operates and gave at least two examples such as the IIB hotline, tell a parent, attorneys, or case workers, and aware of information published by the facility.
- The administrative investigator explained residents and staff can make a third-party report by calling the hotline number or using the agency website.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 705, Detention Services, Individual Client Records, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Random Staff
- Medical and Mental Health Staff
- Intake Staff

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally

informed of the incident from youth or staff or it is reported some other way.

Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. B. Special Incidents in Day Treatment Centers and Community Service Offices. Staff of the Department and contract programs who have knowledge of an alleged situation of abuse or neglect shall immediately make report to the local Department of Community Based Services (DCBS) office. This report shall be followed by completing the DSS-115, Report of Suspected Child Abuse or Neglect or Dependency and mailing it to the local DCBS office. DJJ staff filing the DSS-115 shall forward a copy of the report to the DJJ Ombudsman.

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, sections C,D,G states C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the

Commissioner. G. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation. Staff who violate this policy shall be subject to disciplinary action up to and including dismissal.

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

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

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, section A. requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff

regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on; 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 705, Detention Services, Individual Client Records, policy section, states the Department staff shall maintain appropriate, accurate documentation regarding all aspects of each juvenile's case record. Resident case records management shall include, at minimum, the establishment, use and content of the juvenile's records, right to privacy, secure placement of records and a schedule for retention and destroying inactive records. Section 4. Procedures reads, A. All juvenile records shall be maintained electronically. Staff shall be responsible for the establishment and maintenance of the juvenile's record within the Detention Booking System. Any records maintained outside of the booking system shall be scanned into the electronic records periodically, no later than the release or transfer of the juvenile. C. Access to records and files shall be restricted to: 1. The juvenile's attorney; 2. Judges, prosecutors, and law enforcement officers, with departmental approval, when essential for official business; 3. Direct Care Staff, Counselors, Supervisors, Administrative Secretary, and Administrators in the Detention Facility. 4. Detention Alternative Coordinator; 5. Child Abuse Investigators or investigators from the Internal Investigation Branch.; 6. Agency or contracted medical personnel; 7. Individuals and agencies for the express purpose of conducting approved research, evaluative, or statistical studies as outlined in DJJPP Section 1 (Research Projects); 8. Attorneys with the Justice Cabinet; and, 9. Division of Program Services Quality Assurance Branch. H. Schedule for Retention and Destroying Inactive Records: All records shall be managed according to the Record Retention and Disposal Manual of the State Archives and Record Commission, Public Records Division.

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

Interview Results:

	<ul style="list-style-type: none"> • Sixteen random and specialized staff interviews indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random and specialized staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation. • The two (2) Medical, one (1) Mental Health staff, and two (2) Intake staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality at the initiation of services. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Warren Regional Juvenile Detention Center 2022 First Responder Plan <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head or Designee • Facility Superintendent/PREA Coordinator • Random Staff

- Residents

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014, section one, it is the policy of the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation. Section 4, procedures indicates, A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800 phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. 5. The IIB shall not investigate allegations that do not meet the definition of a Special Incident. IIB may refer allegations to the DJJ Ombudsman or Superintendent for investigation.

The Warren Regional Juvenile Detention Center First Responder Checklist lists immediate steps related to first responder duties to include the following: 1. Separate the alleged victim and abuser. 2. Obtain Medical Care. If the first staff responder is NOT a security staff member, the responder is required to request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff. 3. If the abuse occurred within 72-hour time period that

still allows for the collection of physical evidence, request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 4. Preserve and protect any crime scene until law enforcement can take appropriate steps to collect any evidence. Youth and staff will be removed from the area. The area will be blocked off with barriers (caution tape), until law enforcement arrives. Nothing shall be removed from the scene of the incident. (Clothing, linens, bodily fluids, etc.) If law enforcement chooses not to investigate IIB will collect evidence. IF the abuse occurred longer than 72-hours prior, the Superintendent will decide if the area will remain secure. (IIB will be consulted.) 5. The first responder shall notify the Internal Investigations Branch, the Kentucky State Police, the Shift Supervisor, the Facility Superintendents, Regional Facility Administrator, Division Director, JPA, and Deputy Commissioner. 6. If the alleged perpetrator is staff, that staff shall not have direct contact or access with juveniles. 7. The First Responder shall complete the incident report. All witnesses shall write statements. 8. The alleged perpetrator and any youth that witnessed the incident are to be evaluated by medical staff, mental health staff, or designee for counseling. With regards to resident safety, the auditor interviewed and asked all fourteen residents, do you feel safe? Thirteen out of fourteen residents said yes. When residents were asked, "do you feel sexually safe?", all fourteen residents said yes.

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

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

Interview Results:

- Interviews with the Agency Designee, facility Superintendent/PREA Coordinator, and random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification from Superintendent concerning incidents that occurred at other DJJ facilities.

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Random Staff

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

contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner.

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section H. requires staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030. The facility PREA Coordinator submitted a memorandum of clarification and advised that there were zero allegations of sexual abuse the facility received from another DJJ facility.

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

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

Interview Results:

- Interviews with the Agency Head Designee, Facility Superintendent/PREA

	<p>Coordinator indicated that when the facility receives an allegation from another agency facility, the Superintendent will directly contact the facility Superintendent where the incident of sexual abuse or sexual harassment occurred at their facility. During the on-site visit, the auditor interviewed the resident that disclosed staff sexual abuse while at another DJJ facility and a report was completed by staff for further investigation.</p> <ul style="list-style-type: none"> • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Clarification • Warren Regional Juvenile Detention Center First Responder Plan <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee • Facility Superintendent/PREA Coordinator • Medical and Mental Health Staff • Non-Security and Security Staff First Responders • Random Staff • Volunteers and Contractors <p>Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, policy section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.</p> <p>The policy further states in section C, staff at each facility shall develop and</p>

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

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

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

facility shall be at the discretion of the facility medical staff, in consultation with the Superintendent and the Division Director of Medical Services.

All facility staff is trained on first responder security protocols - all non-direct care staff who may receive a disclosure are trained to immediately inform a security staff of the PREA allegation. Those staff designated as non-security staff members such as volunteers, interns, and contractors, acknowledge and understand they inform a security staff that is posted within the immediate area. The Warren Regional Juvenile Detention Center Sexual Assault First Responder Plan is available for staff reference in paper and database forms located in the staff office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. After reviewing the First Responder Plan, the auditor's one suggestion is to update the staff and administrator names listed in the plan. A memorandum of clarification written by the facility Superintendent/PREA Coordinator stated there were no allegations made during this review period, however, were a youth to report allegations to staff, first responder protocols and notifications would be followed per agency policy.

Interviews were conducted with sixteen random staff, all considered security staff, when asked if you are the first person alerted that a resident has allegedly been the victim of sexual abuse what is your responsibility in that situation, seven (7) out of sixteen (16) random staff knowingly recite the duties and responsibilities of the first responder. Given the lack of random staff knowledge on first responder duties, the auditor recommended during the evidence review period, the facility complete remedial staff training on the first responder duties. The facility Superintendent/PREA Coordinator submitted staff training event attendance sheets dated May 5th and 14th, 2023, on the topic of first respondent duties and review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations. All staff must receive additional follow up training on first responder duties and evidence protocols in cases of sexual abuse allegations.

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

- In the past 12 months, the number of allegations that a resident was sexually abused: zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: zero (0).
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0).
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be

	<p>taken to collect any evidence: zero (0).</p> <ul style="list-style-type: none"> • Of these allegations in the past twelve months, the number of times the first security staff member requested that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: zero (0). • Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: zero (0). • Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: zero (0). • Of those allegations responded to first by a non-security staff member, the number of times that staff member: zero (0). • Requested that the alleged victim not take any actions that could destroy physical evidence. • Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0). <p>Interview Results:</p> <ul style="list-style-type: none"> • Seven (7) out of sixteen (16) random staff interviewed were able to recite First Responder responsibilities in accordance with facility policy when it is learned a resident was sexually abused. Random staff interviews indicated difficulty in providing the action steps identified in the policies and procedures, had limited knowledge of knowing all responsibilities and duties as first responders. • As a result of the random staff interviews, remedial staff training on the first responder duties occurred during the evidence review period. During the evidence review period, the facility conducted staff training on first responder duties and the facility coordinated response plan dated June 12-15, 2023. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Warren Regional Juvenile Detention Center PREA First Responder Plan 2022

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator

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

The facility submitted the PREA First Responder Plan dated 2022 outlining by bullet point steps if an employee learns of a threat of any sexual contact, if a juvenile submits a grievance regarding sexual abuse, and what to do if a sexual assault occurs within the facility. After reviewing this plan, there were several important omissions to make the procedure a facility-specific written institutional plan to coordinate responses to incidents of sexual abuse. The plan must identify, describe, and coordinate the duties established in the procedure, how the responsible staff will perform their required functions and work together in response to a sexual abuse incident, and facility leadership ensure additional applicable standards are implemented. The written plan did not have any important local contact information to outside stakeholders such as the local SAFE hospital and victim advocate center.

By having the contact information written within the plan errors are reduced by having to search additional documents for such information. At the facility exit meeting, the agency and facility was in the process of developing an agency and facility specific first responder duties and coordinated response plan centered around the recently issued Standard in Focus, standard 115.65, Coordinated Response.

Interview Results:

- Fourteen random staff interviewed were asked what the facility's coordinated response plan consists of and where the plan was located within the facility should there be a sexual abuse incident. Four out of fourteen random staff were aware of a plan and was located in control or administration.

	<ul style="list-style-type: none"> • During the evidence review period, to address the need to develop a more robust institutional coordinated response plan and conduct staff training on the updates and accessibility to the plan, the agency and facility provided the auditor with the updated plan dated June 12 - 15, 2023. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky revised statutes KRS 336.130,132 • Memorandum of Clarification DJJ Agency Designee dated 3/1/23 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee • Facility Superintendent/PREA Coordinator <p>After review of the Kentucky revised statutes KRS 336.130 and .132, to maximize individual freedom of choice in the pursuit of employment and to encourage an employment climate conducive to economic growth, that the right to work shall not be subject to undue restraint or coercion. The right to work shall not be infringed or restricted in any way based on membership in, affiliation with, or financial support of a labor organization or on refusal to join, affiliate with, or financially or otherwise support a labor organization. A memorandum from the facility PREA Coordinator confirms 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.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Designee explained that Kentucky is a right to work state and is

	<p>not involved in collective bargaining nor does the agency have any union representation for its employees. According to the Agency Designee, there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <ul style="list-style-type: none"> • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Clarification regarding retaliation monitoring from Superintendent dated 3/20/23 <p>Interviews:</p>

- Agency Head/Designee
- Facility Superintendent/PREA Coordinator, designated staff member charged with monitoring
- Residents in Isolation
- Residents who reported sexual abuse

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

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

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

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section 4. J. requires after an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff. 1. Facility staff shall be designated to monitor for retaliatory behavior or actions. 2. Facility staff shall use protective measures, such as changes in residential housing for juvenile victims, transfer of juveniles to other facilities, and change of work assignments for alleged staff. 3. Facility staff shall provide emotional support for juveniles and staff, who fear retaliation from reporting sexual abuse, sexual harassment, sexual contact, or any

sexual misconduct through residential counseling and the Kentucky Employee Assistance Program (KEAP). 4. Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits change that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. 5. Juvenile disciplinary reports, housing assignments, facility staff reassignments, program changes, and any negative performance reviews of facility staff involved in the allegation shall be monitored for indications of retaliation. 6. Monitoring shall continue beyond ninety (90) days if any indication of retaliation is noted. 7. The facility may terminate the monitoring process if through investigation it is determined that the allegations are unfounded.

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

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

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

To monitor retaliation related to the case of juveniles, such monitoring shall include

periodic status checks with the staff and/or juvenile, a review of any incident reports accumulated by the juvenile, a review of any sanctions against the juvenile, any housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring efforts shall be documented by the facility PREA Coordinator. The facility PREA Coordinator shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, KDJJ shall take appropriate measures to protect that individual against retaliation. Retaliation monitoring occurs in increments until at least 90 days following a report of sexual abuse and is documented on the facility Debriefing and Contact Form.

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

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

Interview Results:

- Interviews with the Agency Head/Designee, Facility Superintendents/PREA Coordinator indicated in cases of sexual abuse allegations, monitoring for retaliation begins immediately following a report and continues for a period of 90 days.
- During the last twelve months, there was zero (0) sexual abuse or harassment allegations that required any retaliation monitoring.
- During the last twelve months, there were zero (0) juveniles in isolation for risk of sexual victimization who alleged to have suffered sexual abuse.
- Based on supporting documentation submitted the agency and facility are compliant with this standard during the reporting period.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, WRJDC Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, reviewed 3/2020 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 717, Discipline and Special Behavior Management, dated October 5, 2018
- Kentucky Department of Juvenile Justice, WRJDC Standard Operating Procedures number 717, Discipline and Special Behavior Management, reviewed 1/2019
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification regarding isolation from Superintendent

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

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

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 717, Detention Services, Discipline and Special Behavior Management, policy section requires youth discipline shall be administered to create a learning experience for the juvenile and shall not be administered to degrade or humiliate a juvenile. Alternatives shall be provided for out-of-control juveniles who require special behavior management. Special behavior management programs shall be individualized. Corporal punishment, the use of mechanical restraints, abuse, assault, personal property damage, harassment, the denial of meals or snacks, and the interference with daily functions of living, such as eating, or sleeping shall be prohibited as punitive consequences. Section D. An individual program plan shall be developed for juveniles with serious behavior problems. The Superintendent or designee can order immediate placement in a special program when it is necessary to protect the juvenile or others from harm. This action is reviewed within 72 hours by the Superintendent or designee. Section E. reads 9. Isolation: a. The following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: ii. Sexual Assault or attempted sexual assault. Section F. Protocol for Isolation and section I. Juveniles requiring protection from others may be placed in protective custody until alternative permanent housing is found within the facility or as a result of a transfer. The facility develops a protective custody plan to assure safety and continuous services and programming. Continued placement on protective custody status after 72 hours is approved by the FRA. The facility PREA Coordinator provided a memorandum of clarification indicating that that Jefferson RJDC does not have isolation housing nor does the facility contain any type of segregated housing. The WRJDC Standard Operating Procedures number 717, Discipline and Special Behavior Management follows guidelines set forth by DJJ policy 717. The facility PREA Coordinator provided a memorandum of clarification indicated that that Warren Regional Juvenile Detention Center does not use segregated housing as a means of protections for alleged sexual abuse.

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator WRJDC
- Medical and Mental Health Staff
- Random Staff

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

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

in isolation to protect them from sexual victimization in the past 12 months: zero (0).

Interview Results:

- Interviews with the Agency Head/Designee, facility Superintendents, and PREA Coordinator indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they will put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed.
- Random staff indicated that the alleged victim would be moved to another room or another facility. Medical and mental health staff indicated juveniles receive visits while in isolation per policy.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations: <ul style="list-style-type: none">• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-002, dated December 11, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021
- Memorandum of Clarification regarding sexual abuse and harassments investigations during past 12 months from Superintendent dated 3/17/23
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Review of the Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures number 901, Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section 4 A. requires DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on- juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, Section E. requires if a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless

the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 7.

The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation. The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

In section 4, Procedures, requires A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. In section B. DJJ staff, volunteers, interns, and contractors shall be responsible for being alert to signs of situations in which sexual abuse, sexual harassment, sexual contact, or any sexual misconduct may occur. C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. E. Juveniles shall have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual misconduct to a staff member or the IIB hotline. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the

Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, policy section requires when allegation of a special incident is substantiated, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section A. states, 1. In situations where a staff member has evidence or reason to believe that a special incident has occurred, steps shall be taken to assure immediate report of the incident is made to the Internal Investigations Branch (IIB) in accordance with DJJPP 140.

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

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

Section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents.

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

Policy review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile

Justice Policy and Procedures, policy number 133, Administration, Ombudsman, policy section, requires the Office of the Ombudsman shall work to ensure fairness and equality in all services and programs provided by the Department of Juvenile Justice and to facilitate communications between the Department, its staff, its clients and their families, governmental bodies, and the general public. The Office of the Ombudsman shall receive and respond to inquiries and records requests and provide written and oral information to citizens, government agencies, and current or former youth and their attorneys. Section A. states the duties of the Ombudsman assigned to conduct complaint investigations shall include: 1. Report to the Commissioner or designee; 2. Monitor the implementation and use of the Internal Grievance Procedure in all program areas; 3. Review the final decision of the facility superintendent concerning an internal grievance to ensure that it complies with policy and procedure, fairness and equality; 4. Advocate for needed or improved services to clients and their families; 5.

Request corrective action for services not provided according to policy and procedure, fairness and equity, when necessary; 6. Respond to concerns and complaints from the general public and members of governmental bodies as they pertain to services of the Department; 7. Coordinate with the Internal Investigation Branch (IIB) to identify complaints received via the 800 hotline that need immediate attention; 8. Have access to all documents necessary for investigation. All staff shall be required to cooperate on inquiry being made by the Ombudsman.

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

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

The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations

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

The Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021, establishes guidelines for IIB investigators for conducting investigations into allegations that meet the criteria under PREA. IIB has the responsibility for conducting administrative investigations into all allegations of sexual abuse involving youth in custody of the DJJ or sexual harassment of DJS youth by staff. If an allegation is criminal in nature, the allegations shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred. If the criminal investigation is initiated, the administrative investigation shall cease until the criminal investigation is complete or the primary investigator in the criminal investigation reports proceeding with the administrative investigation would not have a negative impact on the criminal investigation. IIB investigators shall provide any assistance or information to the criminal investigator with the exception of that which would be prohibited by the Garrity v. NJ court decision.

Once an allegation is received that meets the criteria of sexual abuse of a youth by staff the allegation shall be assigned for investigation and the investigation be conducted and documented in accordance with SOP IIB-001. 1) the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. 2) The investigation shall not be terminated solely because the source of the allegation recants the allegation. 3) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff. 4) During the course of an investigation, an effort shall be made to determine whether staff actions or failures to act contributed to the abuse. 5) Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 6) During the interview of victims, at the requests of the victim, a victim advocate, qualified agency staff member, or qualified community based organization staff member shall be permitted to accompany and support the victim during the interview. A memorandum of clarification regarding sexual abuse and harassments investigations during past 12 months was submitted from Superintendent dated 3/17/23.

When on-site at WRJDC, the auditor observed the physical storage area of

information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Superintendent. The electronic information was password protected on facility owned computer equipment.

Interviews:

- Agency Head or Designee
- Facility Superintendent/PREA Coordinator
- Administrative Investigator
- Residents who Report Sexual Abuse

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

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

Interview Results:

- Interview with the Agency Designee, facility Superintendent, and PREA Coordinator indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's office.
- The interviews with the one investigator who conduct administrative investigations indicated when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. One investigator interviewed explained she completed the training requirements in 115.331 and .334. The investigator described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.
- The one (1) investigator indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken

	<p>place; it is turned in for review then the prosecutor is consulted. According to the investigator cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigator stated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.</p> <ul style="list-style-type: none"> • When interviewed, the Agency Designee, Administrative Investigator, facility Superintendent were knowledgeable with the standard related to administrative or criminal investigations. • Based on the above listed information, the auditor determination is the agency facility meets the standard pending the one open ongoing investigation which will be completed during the corrective action period and upon the completion of the final report.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Administrative Investigator <p>The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013, requires investigators shall make a finding to the investigation of the incident. The investigator may make a finding of Substantiated, Not Substantiated, Exonerated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51% of the evidence). (PREA 115.372) The findings are defined as follows; (PREA 115.5)</p> <p>1. Substantiated- means the incident occurred proven by an admission of the person</p>

responsible or by the preponderance of the evidence. 2. Not Substantiated- means there is insufficient evidence to determine if an incident occurred or if the accused was involved in the incident. 3. Exonerated- means the incident occurred, but the accused's actions were justified or proper. 4. Unfounded- means the charges are false or the employee was not involved in the incident. 5. Pending Further Investigation- means a critical witness or offender cannot be located or refuses to cooperate with the initial investigation, or there is other interference with the investigation, beyond the control of IIB, that prevents IIB from making a final determination for its finding. At the time of this report, there is zero (0) administrative investigations that occurred during the past 12-month reporting period.

Interview Results:

- Interview with the Administrative Investigator confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. When there is evidence that a prosecutable crime has taken place, the IIB consults with prosecutors before conducting compelled interviews.
- Based on the above listed information, the auditor determination is the agency facility meets the standard pending the one open ongoing investigation which will be completed during the corrective action period and upon the completion of the final report.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Memorandum of clarification from Superintendent regarding investigations during past 12 months. • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 715, Detention Services, Incident Reports, dated October 5, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention

Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- DJJ WRJDC 2022 resident abuse/reporting tracking sheet, physical abuse non- sexual abuse report
- Template report of Investigative Outcome to Resident

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

Section J. requires the Department shall inform the resident in writing as to whether an allegation has been substantiated, not substantiated, unfounded, or exonerated. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. All notifications or attempted notifications shall be documented in the youth's individual client record (ICR). 1. If the alleged abuser is a staff member, the Department shall inform the resident victim (unless the agency has determined that the allegation is unfounded) when: a. The staff member is no longer posted within the resident's unit, b. The staff member is no longer employed at the facility, or c. The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. 2. If the alleged abuser is another resident, the Department shall inform the resident victim when: a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility, or c. The abuser has been moved to another program or facility. The agency designee- and the Agency PREA Coordinator, when the investigation is concluded and a determination is made, the office completes the report of investigative outcome to all residents. The agency Commissioner and/or the PREA Compliance Manager of the Kentucky Department of Juvenile Justice completes the Report of Investigative Outcome to resident following a resident's allegation that another resident or staff member has committed sexual abuse against the resident. The resident (victim) who reported sexual abuse confirm receiving written notification and the letter was placed on the resident's file.

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 715, Detention Services, Incident Reports, policy section, requires the DJJ regional juvenile detention centers shall have a system for reporting incidents. Prompt reporting shall take place according to established procedures. The primary staff member directly involved in or witnessing an incident shall write an incident report. Supporting documentation shall be submitted by any staff involved in or witnessing an incident. Sections D. requires an incident report shall be written to provide detailed and specific information regarding: 1. The violation or behavior; 2. Events leading up to the incident; 3. The manner in which the incident was dealt with and any consequences issued as a result; 4. Staff witnesses; 5. Physical evidence; 6. Use of force; 7. The full name of the juvenile; 8. Date, time, and place; and 9. The reporting staff's name, signature, and current position. E. The primary staff member directly involved in or witnessing an incident shall write an incident report. Supporting documentation shall be submitted by any staff in or witnessing an incident. The Superintendent or designee may require a brief narrative of the incident to also be entered into the progress notes for major rule violations, use of physical or mechanical restraints in response to major rule violations, use of isolation, or major injury/illness.

In Section F. Supporting documentation shall provide additional information regarding an incident. aged property photographs, dangerous contraband photographs, and all other photographs shall be attached to the incident report and retained in the juvenile's record. Section G. The incident report and any supporting documentation shall be completed and submitted to the staff's supervisor(s) prior to the end of the reporting staff's shift on the date of the incident. The supervisor shall be responsible for a review of the report to ensure thoroughness, accuracy, and submit to the Superintendent within twenty-four (24) hours of the incident. The Facility Superintendent/PREA Coordinator indicated the Internal Investigative Branch within the Justice and Public Safety Cabinet conducts administrative investigations of sexual abuse.

The facility PREA Coordinator provided a memorandum of clarification indicated the Internal Investigative Branch within the Justice and Public Safety Cabinet conducts administrative investigations of sexual abuse. He also explained there were not incidents of sexual misconduct at the WRJDC during the review period. There were no incidents of substantiated or unsubstantiated complaints of allegations of staff sexual abuse during this review period.

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

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months were zero (0).
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were zero (0).
- The number of investigations of alleged resident sexual abuse in the facility

	<p>that were completed by an outside agency in the past 12 months was 0. The outside agency who conducts criminal investigation is the Kentucky State Police.</p> <ul style="list-style-type: none"> • Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were 0. <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of clarification from Superintendent dated 3/15/23 regarding any violations of sexual abuse and harassment policies.

Interviews:

- Agency Designee
- Administrative Investigator
- Facility Superintendent/PREA Coordinator
- Facility Human Resources staff

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

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). Section 4, Procedures, N. Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, policy section requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Section 4, Procedures, W. Abuse, or other mistreatment of youth in the care or

custody of the department shall not be tolerated. Staff abusing youth shall be subject to disciplinary action up to and including dismissal under 101 KAR 1:345. All persons suspected of abuse are subject to investigation and prosecution under all applicable laws. X. All persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. Z. All staff is prohibited from the following actions: 6. Entering into an intimate or romantic relationship or having sexual contact with an individual who is currently under the custody, care, or supervision of DJJ. (reference KRS 510.020 (3)(e) regarding consent); or 7. Having an intimate or romantic relationship with a juvenile that has been in the direct custody, care, and supervision of that employee or in a facility where the employee worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires Department staff are expected to comply with all work guidelines that are applicable to their respective job duties. Management staff are expected to teach and train their subordinate staff on relevant work guidelines and how to implement them. Section A. Department staff shall adhere to all work guidelines. Work guidelines shall include: 1. The Code of Federal Regulations (CFR); 2. Kentucky Revised Statutes (KRS); 3. Kentucky Administrative Regulations (KAR); 4. Department of Juvenile Justice Policies and Procedures (DJJPP); 5. General Directives (GD); and 6. Other management directives. B. Professional guidelines shall be considered work guidelines only when they are a part of professional licensure or certification that is required to perform a staff's assigned job duties.

In section C. General Guidelines for Management Responses to Work Guideline Violations 1. Supervisors shall conduct themselves with professionalism, integrity, and consistency. a. Supervisors shall not accept gifts or favors from subordinate staff, except in situations involving holiday exchanges, retirement, and in celebration of life events (e.g., birthday, marriage, new child). b. Supervisors shall not engage in romantic or sexual relationships with subordinate staff. c. Supervisors shall make decisions without consideration of personal relationships or other non-work-related factors including race, color, religion, national origin, sex, age, disability, political affiliation, sexual orientation, gender identity, genetic information, or veteran's status. 2. A management response to work guideline violations shall be given only after deliberation, consultation with the next line supervisor, and with consideration of the following: a. Severity of the offense; b. Staff's level of experience; c. Staff's previous work history; d. Staff's capabilities and limitations; and e. Whether or not the offense resulted in harm to youth, another staff, or the general public. 3. Management responses shall be fair and consistent with the ultimate goal of helping the violating staff improve their work performance and avoiding a repetition of the violation. Coaching and verbal conferences shall be

used, when appropriate, to provide positive feedback and assistance to staff.

In section D of the policy states, Request for Disciplinary Action Guidelines 1. Requests for Disciplinary Action shall be completed according to a format established by the Personnel Branch and approved by the Division Director of Administrative Services. 2. All Requests for Disciplinary Action shall: a. Include a detailed account of each work guideline violation; b. Contain all supporting documentation that supports the management contention that work guideline violations occurred; c. Include a complete listing of any previous disciplinary actions that have been taken against the staff; d. Include a complete listing of any current or completed documented verbal conferences and PIPs for the violating staff; and e. Include a written statement provided by the violating staff regarding the request for discipline. The written statement shall be signed by the violating staff and requesting Supervisor. If the violating staff fails to comply with the requirement of providing a written statement, the requesting supervisor shall note the failure to comply in the written request for discipline.

A written statement shall be obtained from violating staff on leave immediately upon their return, if applicable. 3. The Supervisor requesting disciplinary action shall provide the violating staff a copy of the request and all supporting documentation at the time of the submission. 4. Supervisors may seek advice and counsel from management within their chain of command, the Office of Legal Counsel, Director of Administrative Services Division, or the Personnel Branch Manager. 5. Supervisors shall only discuss the details of a Request for Disciplinary Action within their chain of command, with the Personnel Branch, with the Director of Administrative Services Division, or with the Office of Legal Counsel. 6. Requests for Disciplinary Action shall be submitted through the chain of command to the Commissioner, a. Each request should be reviewed and approved by each level of management. Supervisors and each level of management may provide a recommendation regarding the recommended level of discipline to be issued based upon the submitted request. 7. A Request for Disciplinary Action shall not be considered pending discipline once the request has been approved by all levels of management.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, policy section, requires when allegation of a special incident is founded, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section B. FOUNDED INVESTIGATIONS 1. Upon receipt of a "founded" investigation from the Internal Investigations Branch (IIB) or the Department of Community Based Services (DCBS): a. The Commissioner shall provide copy of the founded report to the Executive Assistant to the Commissioner, the Deputy Commissioner, the Ombudsman, the Personnel Branch Manager, the Office of General Counsel, and the appropriate Division Director. b. The Division Director shall FAX copy of the report immediately to the respective Regional Facilities Administrator (RFA) or Regional/Branch Manager. c. The RFA or Regional/Branch Manager and Superintendent or District Office Supervisor shall immediately determine a proposed Action Plan—Staff

Disciplinary Response. d. The Action Plan, with supporting justification, shall be faxed to the Personnel Branch Manager for response. The Personnel Branch manager shall access the Office of General Counsel and the Office of the Commissioner for consultation as needed. e. The Personnel Manager shall advise the RFA or Regional/Branch Manager of the approved Action Plan. f. The approved Action Plan, with appropriate disciplinary format, shall be forwarded immediately from the RFA or Regional/Branch Manager to the Division Director for approval. The Division Director shall then forward the plan to the Office of the Commissioner for signature and forwarding to the Personnel Branch Manager.

The approved Action Plan shall be received by the Office of the Commissioner no later than fifteen (15) days from receipt of the substantiated investigation in the respective region. g. The approved disciplinary action, with appropriate letter to the employee, shall be forwarded to the Commissioner for review and signature by the Personnel Branch Manager no later than twenty-one (21) days from receipt of the founded investigation in the respective region. h. The Commissioner shall provide written notice of the disciplinary action to the Justice Cabinet Secretary, with copy to the Director of the Internal Investigations Branch, no later than thirty (30) days from receipt of founded investigation in the respective region. i. The Office of the Commissioner shall maintain log of all founded IIB and DCBS investigations to include: IIB or DCBS report number, perpetrator, victim, date received, date forwarded to region, date response due, date response received, disciplinary action taken and date of notice to the Justice Cabinet Secretary. 2. In those instances of founded special incidents where the perpetrating employee is terminated, the department shall defend the agency action pursuant to the employee's appeal before the Kentucky Personnel Board. Should the Personnel Board overturn the termination decision of the agency and order the employee's return to the department, the agency shall avoid placing the employee in a position directly interacting with youth pending any final review and/or appeal.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 906 , Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section O. requires any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement. The facility Superintendent/PREA Coordinator submitted a memorandum of clarification indicating within the past 12 months, the facility has not had any staff receive sanctions for violation of agency sexual abuse or harassment policies.

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

	<ul style="list-style-type: none"> • In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0). • In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0). • In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was zero (0). • In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero (0). • The facility Superintendent submitted a Memorandum of Clarification regarding 115.376 b-1, advised that there have been no incidents of terminations, resignations, or sanctions of staff for violations of sexual abuse or harassment policies during this review period. <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent, facility Human Resources staff, and Administrative Investigator validated that technical knowledge of the staff discipline process is consistent with agency policies and procedures. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct,

dated December 1, 2014

- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of clarification from Superintendent regarding any incidents involving contractors or volunteers

Interviews:

- Agency Designee
- Administrative Investigator
- Facility Superintendent/PREA Coordinator
- Volunteers and Contractors

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. Section 4.A. 2,3,4 requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 1. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution. 2. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 3. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution. 4. An intern violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern, who violates PREA policies, shall not be permitted to work in a DJJ facility or office and the intern's college shall be notified of the separation from the internship. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, requires the Department of Juvenile Justice (DJJ)

shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. In Section 4. A, B., Procedures, requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on: 1. The zero tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Resident's right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents; and 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Section X and AA state that all persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. AA. DJJ staff are persons holding a position of authority and special trust as defined in KRS 532.045. DJJ prohibits any staff, regardless of his or her age, from subjecting anyone under the custody, care, or supervision of DJJ, with whom he or she comes into contact as a result of his or her position, to sexual contact.

The facility Superintendent submitted a memorandum of clarification and advised that there have been no reports of sexual abuse by contractors or volunteers during this review period. A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview Results:

	<ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent/PREA Coordinator, and Investigator confirmed the process for corrective action for contractors and volunteers. Interviews with the volunteers and contractor indicated they received PREA training, reviewed the PREA policy, and consequences for violating the agency’s sexual abuse policy and procedures. • One contractor interviewed explained they completed all requirements from the agency and facility and are in good standing. There were no active volunteers at the facility during the past twelve months due to Covid-19 and safety and security restrictions. The facility has four contractors that provide services and have contact with residents, the agency and facility report there were zero incidents who were reported to law enforcement agencies or relevant licensing bodies. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 717, Detention Services, Discipline and

Special Behavior Management, dated October 5, 2018

- Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 717, Detention Services, Discipline and Special Behavior Management reviewed 2016
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 718, Detention Services, Disciplinary Review, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 718, Detention Services, Disciplinary Review, reviewed 9/16
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification from Superintendent regarding standard 115.378 dated 3/2023

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Medical and Mental Health Staff

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section 4. A.1,3,4,5, Procedures requires, A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post- Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Coordinator whenever law enforcement is contacted

to conduct an investigation to ensure that the youth's legal rights are protected.

In section H. A report made by a staff or a juvenile regarding a sexual incident that is made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, if the investigation does not establish evidence to substantiate the allegation. I. A staff or a juvenile, who makes a report which is investigated, and it is established by IIB that the staff or juvenile knowingly made a false report, shall be subject to program sanctions or staff disciplinary action up to and including termination or dismissal.

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

Section D. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 7. Potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F.8. requires for an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section, requires upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. Section I. Youth charged with major rule violations shall be afforded due process, including the right to appeal. J. All youth shall be provided due

process consisting of notice of intent to transfer to another out-of-home placement, and an opportunity for the youth to respond either verbally or in writing at the time of notice. In the case of emergency transfers, the youth shall be provided the aforementioned due process as soon as practical. Section L. At least two hours of recreation, one hour of which shall be active recreation, shall be provided per day in group homes, youth development centers and detention programs, under the direction of a designated recreation leader. Special arrangements to provide one hour of recreation shall be made if the youth is to be separated from the group. Day Treatment programs shall provide a recreation program approved by the Regional Director. Under circumstances involving a medical condition, a youth may be denied recreational activity on a day-to-day basis. The youth's recreational privileges shall be restored with the approval of authorized medical personnel. In section M. An academic and vocational program to meet individual youth's needs shall be provided in accordance with applicable education statutes. Section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 717, Detention Services, Discipline and Special Behavior Management, policy section requires discipline shall be administered to create a learning experience for the juvenile and shall not be administered to degrade or humiliate a juvenile. Alternatives shall be provided for out-of-control juveniles who require special behavior management. Special behavior management programs shall be individualized. Corporal punishment, the use of mechanical restraints, abuse, assault, personal property damage, harassment, the denial of meals or snacks, and the interference with daily functions of living, such as eating, or sleeping shall be prohibited as punitive consequences.

In section E. The following are examples of acceptable disciplinary interventions or consequences: 9. Isolation: a. The following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: ii. Sexual Assault or attempted sexual assault; b. Authorization shall be obtained from the Superintendent, Youth Services Program Supervisor (YSPS), Administrative Duty Officer (ADO), or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. c. The Superintendent may authorize a youth to remain in isolation beyond an initial four (4) hour period, not exceed twenty-four (24) hours. d. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). e. An extension of an isolation placement beyond thirty-six (36) and up to a maximum time for an isolation placement shall not exceed (48) hours with the approval of the respective Division Director and the Chief of Mental Health Services. f. The purpose for any extension beyond (4) hours shall be documented in the youth's Individual Client Record (ICR). g. The nurse shift program supervisor or on-call nurse designee shall be notified as soon as feasible to determine if there are contra-indications for the

youth being placed in isolation. i. The facility nurse or health trained staff shall as soon as feasibly conduct an assessment of youth placed in isolation or as soon as it is safe to do so, as dictated by the Director of Medical Services. ii. Injuries, bruises, or scratches, and observations shall be noted by a minimum of two (2) staff. The nurse or designee shall document the date, time, and results of the assessment. h. Isolation may be utilized if requested by a juvenile and staff concur that the placement is in the best interest of the juvenile. 10. Formal Charges: The Superintendent may refer juveniles committing acts of a criminal nature for prosecution. The Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 717, Chapter 7: Detention Services, Discipline and Special Behavior Management follows DJJ Policy 717 as outlined above.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 718, Detention Services, Disciplinary Review, policy section, requires due process rights shall be protected when there exists evidence or allegations that a juvenile has committed a major rule violation. Section A. A juvenile charged with a major rule violation shall have the right to a disciplinary review. B. The shift supervisor or Administrative Duty Officer (ADO) shall initiate an investigation within twenty-four (24) hours of the occurrence or an alleged major rules violation. The investigation shall be completed without unreasonable delay and shall include consideration of the juvenile's disability and its impact unless there are exceptional circumstances for delaying the investigation. C. The juvenile shall be given copy of the disciplinary review notification and incident report within 24 hours of the infraction. A disciplinary review shall be scheduled except in a case were the juvenile has waived their right to review. The juvenile shall receive written notice of the review date and time at least 24 hours in advance of the review. D. If the juvenile has waived their right to a disciplinary review, the sanctions imposed shall be upheld with no further action. E. The Disciplinary Review Committee shall consist of a least three (3) DJJ staff. The Assistant Superintendent or designee shall identify committee participants.

In Section F. The Assistant Superintendent or designee shall chair the disciplinary review. The person conducting the disciplinary review shall be an impartial staff and not involved in the alleged violation. G. Staff directly involved in the original incident shall not serve on the Disciplinary Review Committee. H. The disciplinary review may be held within 24 hours of the infraction with the juvenile's consent, but shall be held no later than 72 hours, excluding weekends and holidays, of the alleged violation. Reviews shall not be delayed except for exigent circumstances and any such delays shall be documented. I. Juveniles shall have the right to be present at their review. Juveniles may waive this right in writing or through their behavior. The juvenile may be excluded during testimony given in confidence. The reason for any absence or exclusion of the juvenile shall be documented. J. Juveniles shall have the opportunity to make statements, present documentation, and call witnesses in defense of the allegations made against them, except when doing so may jeopardize the life and safety of persons or the security and order of the facility. The reason for any such denial shall be documented.

In Section K. Juveniles shall have the right to have an on-duty staff member

represent them at the disciplinary review. Staff representatives shall be appointed when it is apparent that juveniles are not capable of effectively collecting and presenting evidence on their own behalf. L. The disciplinary hearing decision shall be based solely on information obtained in the hearing process, including staff reports, investigation findings, the statements of the juvenile charged, and evidence derived from witnesses and documents, and impact that a disability may have on the juvenile's behavior. The disciplinary team may refer a juvenile to a Qualified Mental Health Professional to address any negative behaviors that the juvenile exhibits.

Section M. The Disciplinary Review Committee may take any of the following actions based upon the evidence: 1. Find that the juvenile did not commit the offense in which case the committee shall order that the incident or disciplinary report be removed from the juvenile's record. 2. Find that the juvenile did commit the offense in which case the committee can uphold the initial sanction(s) placed upon the juvenile or order sanctions which fall into the scope of the facility policies on rule infractions and penalties. The Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 718, Detention Services, Disciplinary Review complies with Policy 718. A memorandum of clarification written by the facility PREA Coordinator advised that there have been no incidents of resident sexual conduct requiring disciplinary action during this review period.

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

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent/PREA Coordinator, medical and mental health staff confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise.

	<p>Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other program, and work opportunities to the extent possible.</p> <ul style="list-style-type: none"> • Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents. Medical and mental health staff confirmed youth are offered therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health, and Safety Services, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, Health and Safety Services, Medical Records, dated November 4, 2020 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws

- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Forms
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral Form
- KDJJ Detention Booking System Juvenile Booking Record Sample

Interviews:

- Facility Superintendent/PREA Coordinator
- Medical and Mental Health Staff
- Random Residents
- Residents who Disclose Sexual Victimization at Risk Screening

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section 4G. states a juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health and Safety Services, Admission Screening for Physical and Behavioral Health Challenges, policy section, requires all youth shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and behavioral impairment. All youth shall receive referral for care of acute psychiatric and other serious illness or injuries. Those who require health care beyond the resources available in the facility, or whose adaptation to the facility environment is significantly impaired may be transferred to a facility where such care is available. Section 4. A. states the Initial Health Screening Form shall be completed by the facility registered nurse (RN), L.P.N., or health trained staff member immediately upon arrival of a youth. If the form is completed by an L.P.N. or health trained staff member, it shall be reviewed and signed by the RN. It shall also be made available to the primary health care provider. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority.

In section D. After the initial health screening is completed, upon admission the facility Qualified Mental Health Professional (QMHP) or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the facility QMHP;

in group homes and detention centers it shall be reviewed and signed by the superintendent or designee. E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for behavioral health issues. 1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent. Any significant results from the screening shall be followed up by the qualified staff. 2. Further assessment shall screen for the following items: a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior; b. High risk with a history of assaultive behavior; or c. At risk for sexual victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy requires a health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director. Section J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, policy section requires each Department of Juvenile Justice (DJJ) operated or contracted program shall provide comprehensive health care by qualified personnel to protect the health and wellbeing of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be provided for the performance of health care delivery as determined by the health authority. Religious beliefs and practices of youth and parent or caregiver may be taken into consideration when conducting medical services

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, Health and Safety Services, Medical Records, dated November 4, 2020, policy section requires a confidential Medical Record shall be maintained for each youth and shall be available to, and used for documentation by, all facility health care practitioners in each clinical encounter with youth. C. The Medical Record shall be marked as confidential, and secured unless in use.

Confidentiality shall be maintained in accordance with DJJPP Series 100. Information in the Medical Record shall not be released to any person unless a release signed by the youth and guardian states specifically that medical information may be released. Behavioral health information shall not be released to any person unless a release signed by the youth and guardian specifically states that behavioral health information may be released. Reference Chapter 1 (Records Request).

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff

office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Superintendent. The electronic information was password protected on facility owned computer equipment.

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

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%. There were zero residents that disclosed prior sexual victimization during the intake/admissions process.
- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: Zero residents, 100%.

Interview Results:

- During resident interviews, there were no residents who disclosed prior sexual victimization during the risk screening process.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff make all required notifications including the Reporting Hotline, preserve evidence, conduct an initial assessment, and make a KDJJ incident report.
- Medical and Mental Health staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services were offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of

2003 (PREA), Resident PREA Education, dated March 9, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 720.5, Detention Services, Social Services, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- WRJDC Counselor Mental Health Note Form Sample
- WRJDC Authorization and Consent for Medical Services Form Sample
- WRJDC Consultation and Treatment Request Form Sample
- WRJDC DJJ Isolation/Incident Reporting Form Sample
- Memorandum of clarification from Superintendent regarding allegations requiring emergency medical treatment and crisis intervention services
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral Form Template
- KDJJ Medical Progress Notes
- Hope Harbor, local rape crisis and recovery center, Clinician services letter
- Adanta Inc., Sexual Assault Resource Center, Program Director Services Letter

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse
- Hope Harbor Victim Advocate

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section D. requires within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 5. Obtaining medical assistance, counseling services, and treatment if victimized.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator.

In section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. L. If sexual abuse occurs in a private childcare facility, therapeutic foster care home, or in a mental health medical facility, DJJ staff shall, upon receiving notice, do the following: 5. The Division Director of Community and Mental Health Services, the Director of Placement Services or designee, and the Deputy shall case conference the matter to determine the best placement arrangement and treatment needs for the DJJ juvenile or juveniles involved. N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services; 12. Social services; and 17. Aftercare, including re-entry. 18. Transition. B. Each YDC and group home shall provide or make arrangements for the provision of 2. Psychiatric and ongoing mental health services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile

Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, section A requires each program shall utilize a trauma informed approach and evidence-based practices in the provision of counseling services as approved by the Chief of Mental Health Services. C. Staff shall be available to provide counseling in emergency situations and upon a youth's request in accordance with each youth's ITP. D. Each youth placed in a YDC, or group home shall have an opportunity for individual, group, and family counseling. E. Family counseling sessions required on development level and demonstration level can replace one (1) hour of individual counseling for that same week. G. Individual counseling shall be: 1. Conducted by the youth's assigned counselor. If the assigned counselor is absent, one (1) of the following staff shall provide counseling services: The Treatment Director, another youth counselor, Superintendent, or Superintendent's designee; 2. Provided to each youth at a minimum of one (1) scheduled hour per week. Any exceptions to this protocol shall be approved through the Treatment Director by the Regional Psychologist or Chief of Mental Health Services. Individual counseling sessions may be held more often to meet the treatment needs of the youth or as deemed appropriate by the treatment team; 3. Utilized to help the youth make changes in thinking and behavior consistent with pro-social norms; 4. Utilized to assist youth in meeting goals and tasks identified on the youth's ITP; and 5. Documented in the Individual Client Record (ICR) within seven (7) days. In circumstances when critical information pertinent to safety and security is gained during individual counseling, that critical information shall be documented in the appropriate facility log by the end of the shift and up lined through the chain of command.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of

all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

Section B. Consent for Medical Treatment; 1. As part of the admission process, each DJJ program (except detention centers) shall seek the consent of each youth's parent or legal guardian for medical, dental, and behavioral health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood. 2. In the event the parent or guardian fails to return the Consent Authorization Form, a second copy of the form shall be forwarded to the parent. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts. 3. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental, or behavioral health treatment should become necessary. 4. Copy of the above noted forms shall be placed in the youth's Individual Client Record and the originals filed in the youth's Medical Record. 5. In the event that surgery or hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. The Consent Authorization Form signed by the parent or guardian shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations. 6. Non-Emergency medical care. a. Consent authorization form shall be completed and signed by the superintendent or designee for committed youth. b. Judicial authorization shall be used for non-committed youth in detention centers, if judicial authorization is not available, the superintendent or designee shall complete the consent authorization.

In section C. Informed Consent and Refusal of Medical Treatment; 1. Prior to any medical, dental, or behavioral health examination, treatment or procedure, the attending primary health care provider, behavioral health provider or nurse shall explain to the youth in detail the nature of the examination, treatment, or procedure, including risks and side effects and alternatives to the procedure. The youth shall also be made aware of the risk of not having the examination or

procedure. Verbal permission shall be obtained before any procedure is performed on the youth. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth. 2. In the event that a youth refuses any medical, dental, or behavioral health protocol and this refusal may adversely affect the health of the youth as determined by a responsible medical professional, the parents and/or guardians shall be advised and, if possible, enlisted to assist; education and counseling related to medical issues shall be expanded; and the consequences of refusing early intervention shall be clearly communicated to the youth. The medical staff shall also continue to educate and counsel the youth regarding the consequences of failing to follow proper medical or nursing protocol. 3. Any refusal of medical, dental, or behavioral health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form. 4. Documentation of refusals shall be maintained in the youth's Medical Record. 5. The Treatment Team, Superintendent of the detention center, Medical Director, or Chief of Mental Health Services and parent or guardian, shall be informed of the youth's refusal when the refusal may seriously impact the youth's physical or behavioral health. D. Consultations/Decision Making Regarding Special Medical Problems 1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or Qualified Mental Health Professional (QMHP) prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses. a. The nurse, QMHP or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions. b. The following areas shall be considered for residents with significant health conditions: (1) Suitability for travel; (2) Preparation of a transfer or discharge summary and pertinent health records; (3) Instructions to transporting personnel regarding medication or treatment required in route; (4) Availability of resources; (5) Intellectual or develop mental capabilities and limitations. (6) Ability to participate in work projects, sports, exercise programs, or outings. c. If the consultation does not produce agreement between the nurse, QMHP and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation. 2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth. 3. The nurse shall maintain documentation of such consultations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, section A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be

forwarded to the Medical Director. B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency evacuation of the youth from the facility; 2. Use of an emergency medical vehicle; 3. Use of one or more designated hospital emergency department(s) or other appropriate health facility; 4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby; 5. On-site emergency first aid and crisis intervention; and 6. Security procedures that provide for the emergency transfer of youth when appropriate. C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review. D. The registered nurse (RN) or designee shall prepare, update, and ensure availability of emergency care telephone numbers and procedures for obtaining emergency medical and dental care. E. First aid kits shall be available in state vehicles, youth living areas, and work areas. Each DJJ program shall have an urgent care kit available in a central location. F. In all circumstances, with the exception of a life-threatening emergency, the facility RN or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee. G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access. H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care. I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian. J. The facility RN or Director of Medical Services shall be contacted upon return of the youth from the emergency or urgent care provider and shall provide direction for follow-up care. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 720.5, Detention Services, Social Services, dated October 5, 2018, states each DJJ Juvenile Detention Center shall provide a social services program that makes available a range of resources to meet the needs of juveniles. The social service program shall be based on assessed risk and need, special programs provided to meet the needs of juveniles with specific types of problems, and facility staff identifying the collective service needs of the juvenile population at least annually. Section D2. DJJ shall provide and arrange for mental health counseling and crisis intervention services in accordance with identified needs; 5. May make referrals to other social service and treatment programs.

The agency and facility reported one (1) sexual abuse allegation that occurred at another KDJJ facility. The alleged victim was provided access to emergency medical and mental health services from the local SAFE hospital and Victim Advocate Center. At discharge from the medical center, the victim was transported to Warren Regional Juvenile Detention Center and upon her admission, she was assessed by

	<p>facility medical and mental health staff and provided additional medical and mental health services. A letter from the licensed clinical social worker, at Hope Harbor, a local sexual assault resource center, indicated the center provided additional emotional support services during the victim’s short length of stay at Warren RJDC. The following day, the victim was placed at Morehead Youth Development Center, Alternative Program based on her legal commitment status. The victim received timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgment. Treatment services were provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation that arisen out of the incident.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with facility Medical and Mental Health Care staff indicated all victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital. • Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. • The facility can contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member was not utilized due to the victim was sent in a timely manner to the local emergency room at the local medical center. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.11, Detention Services, Social Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification regarding emergency medical and mental health services
- Medical Nursing Progress Notes Sample

Interviews:

- Facility Superintendent/PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse
- Hope Harbor Victim Advocate

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, section A. requires the Department's Medical Director shall administer the management of medical services. The Department's Chief of Mental Health Services shall administer the management of mental health services. B. Medical, including physical, behavioral health and dental health services shall be an integral part of the overall treatment program. Matters of medical, behavioral health and dental judgment shall be the sole authority of the responsible primary health care provider. D. Medical, dental, and behavioral health services shall be provided by DJJ or contracted staff pursuant to a written agreement, contract, or job description approved by the health authority. Verification of current job descriptions are on file in the facility. Day treatment programs shall enter into written agreement with one or more hospitals, clinics, or other providers for the provision of emergency medical services. The DJJ Medical Director or designee shall approve contracts for health care services. E. Treatment by health-trained staff or nursing personnel shall be performed pursuant to direct orders written and signed by personnel authorized by law to give such orders. DJJ programs shall not use "standing orders". Nursing protocols shall be developed by DJJ Central Office medical staff and approved by the Medical Director. This policy shall not preclude protocols for emergencies when immediate action is required.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services

Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, section A. 1. DJJ staff shall make every attempt to obtain previous medical and psychiatric histories on youth entering DJJ programs. 2. While in DJJ youth development centers, the Treatment Director and nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. In group homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. 3. Youth identified with having long-term or potentially serious physical or behavioral conditions shall be referred to appropriate community health providers upon release, accompanied by relevant health information. 4. A discharge summary shall be completed for all youth released from a facility. Group homes and youth development centers shall forward a copy to the community worker and provide a copy to the parent or guardian. In case a youth is eighteen (18) years old, the copy shall be given to the youth. A final copy shall be maintained in the Medical Record. 5. Youth transferred or released from a DJJ facility shall be provided a minimum of 3 business days' supply of prescription medication(s).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section B. The health assessment, appraisal of behavioral health status, and physical examination shall be completed within the first seven (7) days after admission. 1. Youth entering a DJJ facility directly from the community shall receive a complete health assessment and physical examination. 2. Youth entering a DJJ facility from a residential program or detention facility outside the DJJ system for whom documentation of a physical examination completed within the previous ninety (90) days is presented shall not be required to repeat the physical examination. The prior results shall be reviewed by the RN and the primary care provider and examinations updated as needed. The physical examination shall be required to be repeated if the previous physical examination is over ninety (90) days old or if written documentation of the previous examination is not provided. 3. Youth entering as an intra-system transfer from another DJJ residential program or detention center within one year of the last health assessment and physical examination shall not be required to repeat the process.

The prior assessment shall be reviewed by the facility RN and the primary care provider and the protocol for annual health assessment shall be followed. Section D. The Health Assessment shall include: 3. Necessary laboratory or diagnostic tests to detect communicable diseases including sexually transmitted diseases and tuberculosis. (Minimum testing may include urinalysis, gonorrhea culture, chlamydia, RPR, and TB skin tests. Additional tests shall be determined by the primary care provider or the Medical Director. 6. The initiation of therapy, when required; and, J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal

victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, section requires B. DJJ shall employ doctoral level psychologists to serve as Regional Psychologists and oversee behavioral health care for youth within DJJ. The Regional Psychologists shall: 4. Conduct and review behavioral health evaluations of youth as appropriate.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, requires in sections A. Behavioral health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services. 1. In youth development centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 2. In detention centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent. B. The behavioral health screening shall determine if a youth may join the general population or be referred for immediate evaluation by a QMHP. C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the Qualified Mental Health Professional (QMHP), or designees shall be informed. The QMHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. Residents with acute conditions shall be maintained on one-to-one supervision until directed otherwise by the QMHP or until the resident is hospitalized. If the QMHP recommends that a youth is in need of further behavioral health treatment or review, the QMHP in consultation with the Superintendent or designee shall arrange for the youth to obtain such treatment. If hospital admission is indicated, the QMHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities. D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic

medical and mental illnesses. E. Youth in youth development centers shall have an evaluation within 14 days of admission and annually thereafter. The evaluation shall include: 1. Review of mental-health-screening and appraisal data; 2. Review of the individual's behavioral health history; 3. Direct observation of behavior. 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and 5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency. F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment. G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a QMHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, sections require A. DJJ staff shall make a non-emergent referral to a Qualified Mental Health Professional (QMHP), Regional Psychologist, or designee regarding the behavioral health concerns of a youth. B. Non-emergent referrals to the QMHP, Regional Psychologist, or designee shall be made in writing or electronically, complete with date and time. These referrals shall include a description of the concerns. C. The DJJ QMHP, Regional Psychologist, or designee, who receives the non-emergent referral shall respond within three (3) business days. D. The DJJ QMHP, Regional Psychologist, or designee shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall be in person or by teleconference. E. The DJJ QMHP, Regional Psychologist, or designee may refer the youth for outpatient mental health services when services may not be available within the facility. F. All documentation related to the referral, evaluation, and intervention shall be placed in the youth's Medical Record. At the discretion of the QMHP, Regional Psychologist, or designee, information regarding safety and security may be placed in the Individual Client Record in order to facilitate continuing care for the youth. G. The youth's assigned counselor shall be notified of all behavioral health referrals for youth in a DJJ facility. In youth development centers, the treatment director shall also be notified of all referrals for behavioral services. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, requires 1. In the event of a mental health emergency, the facility staff shall first ensure the safety of the youth. The youth shall be determined to be medically stable prior to proceeding with mental health issues. 2. An incident may be considered an emergency when the youth

demonstrate danger to self or others, has evidence of an injury, or is agitated to the point of not having self-control. Staff shall monitor the youth in order to maintain safety as the notification process proceeds. 3. In youth development centers and detention centers with a Qualified Mental Health Professional (QMHP), the QMHP shall assess the situation, either by phone or after a visit to the facility and determine a course of action. The QMHP may elect to notify the psychiatrist or Regional Psychologist for consultation in determining the course of action. The QMHP shall inform the Superintendent of the planned interventions. 4. In detention centers and group homes without a QMHP, the Superintendent or designee shall assess the situation and consult with the Regional Psychologist or contract mental health provider in determining a course of action. B. Each program shall prepare a plan to provide emergency mental health care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency transportation; 2. Use of one or more designated hospital emergency department(s) or appropriate mental health facilities; 3. Emergency on-call medical and mental health services; 4. On-site emergency first aid and crisis intervention; 5. Security procedures that provide for the emergency transfer of youth when appropriate; and 6. Procedures for notification of a transfer to the court the next business day. C. In the event of a behavioral health emergency the QMHP, Superintendent, or Chief of Mental Health Services shall contact the parent or caregiver to advise them of the situation of the respective youth.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.11, Health and Safety Services, Perinatal Care, policy section states in recognition of the high-risk nature of adolescent pregnancy, perinatal medical care shall be provided for pregnant youth. Sections A. As a part of the physical assessment and examination process, all females entering a DJJ facility shall have a pregnancy test upon admission. B. If the youth tests positive, the continued placement of that youth in a DJJ group home or youth development center shall be based upon the advice and counsel of the DJJ Medical Director. Upon completion of the second trimester, continuation in the DJJ facility shall be determined by the DJJ Medical Director. and any physical or mental issues. E. Pregnant females shall receive education regarding possible adverse effects on the fetus associated with tobacco, alcohol, and other drug use. G. Medical staff shall facilitate a relationship with an O/B provider for prenatal care of the youth for continuous medical treatment while in a DJJ facility and to ensure smooth transitioning back to the community. H. All pregnant youth and expecting fathers shall be offered parenting education.

The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, requires Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ

residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. D. The screening tool shall ascertain the following information: 5. Level of emotional and cognitive development; 7. Mental illness or developmental disabilities; 8. Intellectual development. G. A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator; 10. If a Children's Advocacy Center is available, DJJ staff shall collaborate with the Children's Advocacy Center to provide care for victims. For youth in detention who have not been committed to DJJ, approval shall be obtained from the court. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. K. If a committed or probated juvenile, under community supervision, makes an allegation of sexual abuse, sexual contact, or any type of sexual misconduct to a Division of Community and Mental Health staff or if a staff learns of an alleged sexual abuse through other means, the staff shall take the following steps: N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an

	<p>incident of sexual abuse has occurred at a facility.</p> <p>The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 10. Individual and group counseling.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with Medical and Mental Health Care staff and facility Superintendents indicated that evaluation and treatment of the victim entailed follow-up services, treatment plans, and a referral for continued care after she was discharged from the facility. Interviews with the Hope Harbor Victim Advocate indicated and confirmed the victim’s ongoing medical and mental health care services. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018 • Kentucky Department of Juvenile Justice, WRJDC Standard Operating Procedures number 909, Data Collection and Review, revised September 9, 2019 • Memorandum of clarification on status of 11/22/22 sexual abuse allegation • KDJJ PREA Incident Debriefing Form • KDJJ PREA Debrief Process Flowchart • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Clarification from Superintendent dated 3/23/23 related to zero allegations during the past 12 months and members of the incident review team members <p>The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the</p>

federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ, section 4, Procedures, A. The Superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the Facility Prison Rape Elimination Act of 2003 (PREA) Coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: 1. Conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation; 2. Prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the Agency PREA Compliance Manager; 3. Consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 4. Consider whether the incident was motivated by race, ethnicity, gender identity, identification as lesbian, gay, bisexual, transgender, questioning, or intersex, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 5. Assess if the area of the facility where the incident occurred attributed to the abuse; 6. Assess the adequacy of staffing levels; 7. Assess the need for change in video monitoring or additional equipment; and 8. Review the findings of the investigation. B. The Superintendent or designee shall report the review team findings, along with recommendations for improvement, to the Regional Director and the Agency PREA Coordinator or designee. The WRJDC Standard Operating Procedures number 909, Data Collection and Review shall follow guidelines set forth by DJJ policy 909.

During the past twelve months, the Superintendent provided a memorandum of clarification indicating there were zero sexual abuse investigations for the past twelve months. The Superintendent indicated when the facility conducts an incident review the KDJJ PREA Incident Debriefing Form is completed within thirty days at the conclusion of the investigation. The auditor received documentation on sexual abuse incident review team members, indicating upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. As a guide, the KDJJ PREA Debrief Process Flowchart identifies each step of the review based on the standard.

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

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents were 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents 0.

Interview Results:

- Interviews with (2) members of the incident review team members including the Superintendent and Assistant Superintendent indicated that when an

	<p>allegation occurs and a review team meeting is held, they provide feedback and take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards.</p> <ul style="list-style-type: none"> • The Superintendent facilitates the incident review meeting and report the findings and recommendations to the Facility Regional Administrator and Agency Designee. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 909, Data Collection and Review, dated September 9, 2019 • Memorandums of Clarification from Agency Coordinator dated 3/21/23 regarding Ombudsman • 2021 Survey of Sexual Victimization SSV-5 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • 2021 Annual Report <p>The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Coordinator may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the</p>

	<p>Department. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 909, Data Collection and Review complies with policy 909. The Agency Coordinator provided a memorandum of clarification dated 3/21/23, explaining investigations completed by DJJ Ombudsman are kept in hard copy form only and are kept at the Department of Juvenile Justice Central Office.</p> <p>The agency and facility use the DOJ Form SSV-5, Survey of Sexual Victimization Report as their standardized instrument and set of definitions as outlined in policy. The Agency Designee obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.</p> <p>The annual report shows in fine detail the agency aggregates the incident-based sexual abuse data at least annually and posts is posted on the agency website. The annual report includes comparisons of the current year’s data and corrective actions with those from prior years and will include an assessment of the KDJJ progress in addressing sexual abuse. The annual report is approved by the Agency Commissioner and made readily available to the public annually through the website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Head or Designee, facility Superintendent confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2021 PREA Annual Report were made available by the agency and are located on the website. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2021 • Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating

Procedures number 909, Data Collection and Review, reviewed November 2016

- Memorandum of Clarification from Agency Coordinator dated 3/21/23 regarding Ombudsman
- 2021 Survey of Sexual Victimization SSV-5
- PREA Annual Report
- Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Coordinator may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The Kentucky Department of Juvenile Justice, Warren RJDC Standard Operating Procedures number 909, Data Collection and Review complies with agency policy 909.

The agency also completed the annual DOJ Survey of Sexual Victimization SSV-5 and were submitted to the auditor. The Agency Head/Designee submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse. The annual report is approved by the Agency Commissioner and made readily available to the public annually through the agency website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the facility Superintendent. The electronic information was password protected on facility owned computer equipment.

Interviews:

	<ul style="list-style-type: none"> • Agency Head or Designee/PREA Compliance Officer • Facility Superintendent/PREA Coordinator <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Designee and Superintendent reviews data collected and aggregates their findings pursuant to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 909, Data Collection and Review, reviewed November 2016 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010 • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website • Kentucky Department of Juvenile Justice, record retention schedule manual <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head or Designee • Superintendent/Facility PREA Coordinator

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ. Section 4.E. requires the Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. G. The Agency PREA Coordinator shall compile an annual data report that shall be made available to the public. KDJJ make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.

Reports can be found on the Kentucky Department of Juvenile Justice website at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. The Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center Standard Operating Procedures 909, Data Collection complies with policy 909.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003, is the policy of the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law. Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010, policy section D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. All DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. E. DJJ shall collaborate with other criminal justice systems and human service agencies in information gathering, exchange and standardization.

Information in JORI shall be available for use in statistical reporting and research in accordance with the provisions on confidentiality of KRS 610.320, 610.340 and 635.120. F. All youth records maintained in the data system are to be maintained according to the established DJJ Records Retention Schedule. The Kentucky Department of Juvenile Justice, record retention schedule manual describes all documentation shall be maintained in a secure fashion and follow applicable state laws.

Interview Results:

	<ul style="list-style-type: none"> • The Agency Head or Designee and facility Superintendent/PREA Coordinator confirmed the agency and facility comply with elements of the standard. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018 • 2021 Annual Report • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee/PREA Compliance Officer <p>Interview Results:</p> <p>Interview with the Agency Designee reviews of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once.</p> <p>This auditor reviewed the Kentucky Department of Juvenile Justice web page at https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx. and found that it contains the audit reports for PREA, audits completed from 2016 through 2022. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the PREA review cycle, year one in accordance with the standard. The Warren Regional Juvenile Detention Center PREA audits were conducted on September 22, 2019, during year one of Audit Cycle 3 and on November 10, 2015, during year three of Audit Cycle 1. The current audit of Warren Regional Juvenile Detention Center was conducted in year one of Audit Cycle 4.</p>

The auditor had access to the entire facility property and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The agency/facility provided residents with information about the PREA audit at least six weeks prior to the site visit. The information or "Notice of Audit" was provided to the agency/facility by the auditor's contractor, and the agency post such information in areas of the facility including all housing units. The agency/facility provided dated photographs to the auditor and are in the supplemental folder. The information provided to the residents included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The auditor did not receive any confidential information or correspondence from residents placed at the WRJDC. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns.

Interview Results:

- Interview with the Agency Designee reviews of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • 2021 PREA Survey of Sexual Victimization SSV-5 • 2021 Annual Report • Kentucky Department of Juvenile Justice, Warren Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website <p>Interviews:</p>

- Agency Designee

Interview Results:

- Interview with the Agency Designee and review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the Kentucky web page at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. And contained the PREA Final Reports that was audited for the previous audit cycle years and published within 90 days after the final report was issued by the auditor.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	

	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 OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no
115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	no

	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 only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	no
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency 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 residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and 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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	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?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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?	no
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity 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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes