

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 05/16/2025

Auditor Information

Name: Rosa L. Webb	Email: derrywebb1959@outlook.com
Company Name: Corrections Consulting Services, LLC	
Mailing Address: P.O. Box 271	City, State, Zip: White Pine, TN 37890
Telephone: 423-736-6534	Date of Facility Visit: April 8 and 9, 2025

Agency Information

Name of Agency: Kentucky Department of Juvenile Justice			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 1025 Capital Center Drive, Suite 300		City, State, Zip: Frankfort, KY 40601	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://djj.ky.gov/pages/PREA.aspx			

Agency Chief Executive Officer

Name: Randy White, Commissioner	
Email: Randy.White@ky.gov	Telephone: 502-573-2738

Agency-Wide PREA Coordinator

Name: Amy Keys	
Email: amy.r.keys@ky.gov	Telephone: 270-250-5688
PREA Coordinator Reports to: Randy White, Commissioner	Number of Compliance Managers who report to the PREA Coordinator: 21

Facility Information			
Name of Facility: Campbell Regional Juvenile Detention Center			
Physical Address: 590 Columbia Street		City, State, Zip: Newport, KY 41071	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type: Juvenile	<input type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: http://djj.ky.gov/pages/PREA.aspx			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Annual internal reviews by the PREA Branch			
Superintendent/Director/Administrator			
Name: James Briggs			
Email: James.Briggs@ky.gov		Telephone: 859-867-2515	
Facility PREA Compliance Manager			
Name: Brandy Willenborg			
Email: Brandy.Willenborg@ky.gov		Telephone: 859-292-4446	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Kimberly Holtz			
Email: Kimberly.Holtz@ky.gov		Telephone: 859-393-9476	
Facility Characteristics			
Designated Facility Capacity:		50	
Current Population of Facility:		31	

Average daily population for the past 12 months:	30	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	11-18	
Average length of stay or time under supervision:	14 days	
Facility security levels/resident custody levels:	Detention Level 4	
Number of residents admitted to facility during the past 12 months:	600	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	455	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	268	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	25	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	27	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8	
Physical Plant		

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking Sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single cell housing units:	50
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	2
In housing units, does the facility maintain sight and sound separation between youthful residents and adult residents? (N/A if the facility never holds youthful residents)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded: 115.315, 115.331. 115.335. 115.341. 115.352, 115.363, 115.372

Standards Met

Number of Standards Met: 33

Standards Not Met

Number of Standards Not Met: 0

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

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 8, 2025
2. End date of the onsite portion of the audit:	April 9, 2025
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The ION Center for Violence Prevention
Audited Facility Information	
4. Designated Facility Capacity:	50
5. Average daily population for the past 12 months:	30
6. Number of resident housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	5

Audited Facility Population on Day One of the Onsite Portion of the Audit
Residents/Residents/Detainees

8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:	33
10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of residents 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Campbell Regional Juvenile Detention houses juveniles charged with a public offense and are waiting on their court dates. The population of the facility can change throughout the day as the juveniles are taken to and from court.
Staff, Volunteers, and Contractors <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees</i>	
24. 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:	25

25. 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 residents:	2
26. 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 residents:	8
27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no volunteers on site during the audit.

Interviews

Resident/Resident/Detainee Interviews

Random Resident Interviews

28. Enter the total number of RANDOM RESIDENTS who were interviewed:	13
29. Select which characteristics you considered when you selected random resident interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input 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 (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random resident interviewees was geographically diverse?	The auditor was given a copy of the resident roster upon arrival at the facility. The auditor reviewed the roster and selected residents based on their length of stay, assigned housing unit, age and race.
31. Were you able to conduct the minimum number of random resident interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random resident interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Targeted Resident/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED RESIDENTS who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of residents/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted resident/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an resident 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 resident/resident/detainee interview categories will exceed the total number of targeted residents/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>0</p>
<p>35. Enter the total number of interviews conducted with residents with a physical disability using the "Disabled and Limited English Proficient Residents" protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Residents" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>

<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>

40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<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 residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
41. Enter the total number of interviews conducted with residents who identify as transgender or intersex “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<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 residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the “Residents who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<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 residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the “Residents who Disclosed Sexual Victimization during Risk Screening” protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category. The facility does not use isolation for sexual victimization.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>47. 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 type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>NA</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor was provided with shift rosters upon arrival at the facility. The auditor selected staff based on their length of tenure, shift assignment, and rank. The auditor interviewed staff that were employed by the facility and staff that were reassigned from another facility.</p>
<p style="text-align: center;"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p style="text-align: center;"><i>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 interview would satisfy multiple specialized staff interview requirements.</i></p>	
<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>Click or tap here to enter text.</p>
<p>52. Were you able to interview the Superintendent/Director or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Superintendent/Director or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>
<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful residents (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful residents (if applicable)</p>

	<input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise residents in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Grievance Staff
56. Did you interview VOLUNTEERS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center">Site Review and Documentation Sampling</p>	
<p align="center">Site Review</p>	
<p><i>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 residents to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
<p>59. Did you have access to all areas of the facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	<p>Click or tap here to enter text.</p>
<p align="center">Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>Click or tap here to enter text.</p>
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>Click or tap here to enter text.</p>
<p>62. Informal conversations with residents during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the first day of the visit, accompanied by the PREA Compliance Manager, the Facility Manager, and members of the agency PREA Branch. There were five housing units, only four were in use. Each housing unit had one shower. The residents</p>
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	<p>shower one at a time. There was one resident per room. The auditor was given access to the control room and observed the different camera angles to ensure there were no identifiable blind spots. During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor tested the following critical functions:</p> <ul style="list-style-type: none"> • The facility's process for securing interpretation services • Internal reporting methods for confined persons (grievance procedure) • External reporting methods for confined persons (IIB Hotline) • Access to outside emotional support services (The ION Center for Violence Prevention) • Third-Party Reporting (calling the number provided on the posters)
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<p align="center">Documentation Sampling</p>

<p><i>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; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i></p>
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<p>65. 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?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records. The documents reviewed for the residents included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation.</p>
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<p align="center">Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</p>

<p align="center">Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>

<p><i>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.</i></p> <p><i>Note: For question brevity, we use the term “resident” in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</i></p>
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<p>67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</p> <p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i></p>

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Resident-on-resident sexual abuse</u>	0	0	0	0

Staff-on-resident sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Resident-on-resident sexual abuse	0	0	00	0	0
Staff-on-resident sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Resident-on-resident sexual abuse	0	0	0	0
Staff-on-resident sexual abuse	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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<p><i>Sexual Harassment Investigation Outcomes</i></p>
<p><i>Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.</i></p>

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Resident-on-resident sexual harassment	0	0	0	0
Staff-on-resident sexual harassment	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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<p><i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i></p>
<p><u><i>Sexual Abuse Investigation Files Selected for Review</i></u></p>

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>There were no reported allegations of sexual abuse in the past 12 months. There were no sexual abuse investigation files to review.</p>
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<p>74. 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="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files) </p>
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<p>Resident-on-resident sexual abuse investigation files</p>

<p>75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files) </p>
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77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)
Staff-on-resident sexual abuse investigation files	
78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment in the past 12 months. There were no sexual abuse investigation files to review.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Resident-on-resident sexual harassment investigation files	
83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
Staff-on-resident sexual harassment investigation files	
86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)

<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>There were no reported allegations of sexual abuse or sexual harassment in the past 12 months. There were no sexual abuse or sexual harassment investigation files to review.</p>
<p align="center">Support Staff Information</p>	
<p align="center">DOJ-certified PREA Auditors Support Staff</p>	
<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p align="center">Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p align="center">Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, (effective 03/09/2018)
- 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, (effective 03/ 09/2018)
- Kentucky Department of Juvenile Justice, (KYDJJ) Campbell Regional Juvenile Detention Center Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct (effective 09/07/2021)
- Kentucky Department of Juvenile Justice Agency Organizational Chart (effective 04/01/2024)
- Campbell Regional Juvenile Detention Center Organizational Chart (effective 01/2025)
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Coordinator/Compliance Manager
- Observations during the site review

Reasoning and analysis by provision: 115.311 (a)

PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures Chapter: Prison Rape Elimination Act of 2003 (PREA): Policies, 900 and 901 and KYDJJ Campbell Regional Juvenile Detention Center Standard Operating Procedures 900 and 901 outline the agency's and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment.

Observations during the site review:

The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, gym, recreation area, living areas, in all common areas, and in the school area.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA

coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 2): The Commissioner shall be the appointing authority for the department and may delegate authority to any staff person to execute the business of the department. DJJ shall appoint an agency PREA compliance officer to oversee and manage departmental compliance with the PREA standards, develop established department policy, and facilitate PREA training. The commissioner, deputy commissioner, and the agency PREA compliance officer shall work collaboratively to make sure that the lines of communication are open and clear, regarding PREA related matters throughout DJJ and facilitate a communication system of response when a PREA violation has occurred.

The KYDJJ Agency Organizational Chart: The agency PREA coordinator position is part of the agency leadership team, and has access to the agency's most senior leader, the agency commissioner. The agency PREA coordinator is in the organizational structure as the assistant director of compliance and reports to the agency's director of compliance.

Interview with the agency PREA coordinator: The agency PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. They oversee PREA standard implementation to 21 facility PREA coordinators. Every residential, detention center, community offices and every facility throughout the agency has PREA compliance managers, however their titles are PREA coordinators. They have been the PREA branch manager for three years and were named as the assistant director of compliance in June of 2023. They have a staff of three in the PREA branch division, as well as a policy coordinator. The three staff are known as juvenile program administrators and are assigned to the various facilities as additional support.

Reasoning and analysis by provision: 115.311 (c)

PAQ: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure.

KYDJJ Campbell Regional Juvenile Detention Center Standard Operating Procedures number 901 (page 2): The Administrative Specialist II is the Facility PREA Coordinator for Campbell RJDC and will train all facility staff, interns, volunteers and contractors on PREA; and manage facility compliance with the PREA standards. The Juvenile Facility Manager I will serve as a back up to the Administrative Specialist II.

Interview with the PREA compliance manager: The program coordinator is designated as the facility's PREA coordinator. This position is designated on the facility organizational chart. The compliance manager oversees the facility's efforts to comply with the PREA standards and has indicated they have enough time to manage all of the PREA related responsibilities. The compliance manager stated that PREA is a part of the culture at the facility. They walk through the facility to ensure that the facility is compliant and has informal conversations with the residents to make sure they are aware of PREA. When any compliance issues are identified, they are discussed with the leadership team, and a plan is developed to address it.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- 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, (effective 03/09/2018)
- Memorandum of Agreement Terms and Conditions for eight Private Child Care Placements
- Interview with Agency Contract Administrator Staff

Reasoning and analysis by provision: 115.312 (a)

PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards.

- The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 8
- The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

Kentucky Justice and Public Safety Cabinet Department of Juvenile Justice Policy and Procedures 904 (pp.1 and 2): 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. 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. 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. The Kentucky Department of Juvenile Justice contracts for the confinement of residents and since the last PREA audit was eight: Arbor House, Father Maloney's, Boys Haven Inc., Gateway Juvenile Diversion Project Inc., Methodist Home of Kentucky Inc PCC Agreement, Methodist Home of Kentucky Inc SB162 Diversion Program, NECCO Inc., Ramey Estep Homes, Inc., and Specialized Alternatives for Families and Youth of Kentucky, Inc.

The memorandum of agreement terms and conditions for eight private child-care places: The auditor reviewed the contracts, and they all required to comply with the PREA standards.

Reasoning and analysis by provision: 115.312 (b)

PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards.

- Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

Kentucky Justice and Public Safety Cabinet Department of Juvenile Justice Policy and Procedures 904 (pp.1 and 2): The agency PREA coordinator 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

Interview with Agency Contract Administrator Staff: The agency level designee/ contract administrator confirmed the agency, and facility does contract with other entities for the confinement of residents and the PREA language is written into its contracts. The agency level designee/contract administrator continually monitors confinement facilities for PREA compliance on an annual basis. The contract administrator explained that contracts with private providers or entities are renewed on a twelve-month basis. All eight private provider memorandums were last updated in 2022. PREA compliance results for the current contract will be completed prior to the end of the 3-year cycle. They are in year one of the current cycle.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.313 (c)

- In the past 12 months, has the facility maintained 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? ☐ Yes ☒ No
- In the past 12 months, if the facility has not maintained staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours has the facility, has the facility fully documented each instance? ☒ Yes ☐ No

115.313 (d)

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

115.313 (e)

- Has the facility/agency 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? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, Program Services, Staff Requirements for the Supervision of Youth, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, (effective 03/09/2018)
- Campbell Regional Juvenile Detention Center staffing plans for 2022, 2023, and 2024
- Unannounced facility visit (rounds) form and logs dated 2024
- Memorandum
- Interview with Facility Manager
- Interview with Facility PREA Compliance Manager
- Interview with Intermediate or Higher-Level Facility Staff
- Observations made during site review

Reasoning and analysis by provision: 115.313 (a)

PAQ: The agency ensures 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.

- The average daily number of residents in the past 12 months:
- The average daily number of residents on which the staffing plan was predicated: 49

Campbell Regional Juvenile Detention Center Staffing Plan 2024: The auditor reviewed the staffing plan and observed the plan is inclusive of all the standard provision requirements: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The plan shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable video monitoring to protect residents against sexual abuse. The staffing plan is well documented and provides for adequate levels of staffing.

Interview with facility manager: The facility manager confirmed Campbell Regional Juvenile Detention has not followed the staffing plan in maintaining adequate staffing levels to protect residents against sexual abuse. The staffing plan is completed annually. The plan documents that the facility meets the ratios of 1:8 awake and 1:16 sleeping. There have been some issues with staffing. There are staff meetings occurring to discuss a retention plan. The facility is looking at going from 12-hour shifts back to eight-hour shifts. This could help to meet the staffing ratios. The plan is stored digitally. The facility manager stated the plan is inclusive of all the standard provision requirements: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

Interview with PREA compliance manager: The facility considers all 11 of the requirements outlined in the standard.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Observations during site review: Informal discussions with staff indicate that having the staff from Jefferson has helped to meet the ratios with a little more consistency. The facility has a new facility manager, and he is working on a hiring plan to ensure compliance with the staffing ratios but has not had time to get it fully implemented.

Review of deviation forms for the past 12 months: The auditor reviewed the deviation forms for the past 12 months. There have been 135 deviations from the 1:8 ratio during awake hours. There have been no deviations from the 1:16 ratio during sleeping hours. The most common reasons were weather, staff call outs, residents being moved or having to be separated.

Interview with facility manager: The facility manager confirmed there have been circumstances in which the facility has been unable to meet the requirements of the staffing plan. The facility documents all instances of non-compliance with the staffing plan and includes an explanation for non-compliance. The

facility manager stated there have been some staffing issues. The hiring process is a long one. Staff from Jefferson have been brought over to assist Campbell since that facility is closed for renovation. This has helped with meeting the staffing ratios. Staff retention has been an issue for the past year.

Reasoning and analysis by provision: 115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 135
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, (page 2): Each group home shall have a minimum of one staff on duty for every eight youth.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, (page 2): The Department of Juvenile Justice (DJJ) shall implement quality controls for staff and youth in DJJ facilities to control movement, maintain adequate staffing patterns, and promote accountability. 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 actions to correct deficiencies. Group homes shall maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours.

Campbell Regional Juvenile Detention Center staffing plan 2025: The plan documents that meeting the 1:8 ratio for awake hours will present a need for overtime. It states the facility will continue to provide adequate coverage to ensure the safety and security of the residents and staff.

Observations during site review: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. In formal and informal conversations with the facility manager and random staff, it was noted that there have been several times over the past 12 months when the ratios have not been met. There have been 135 deviations in the past 12 months. These are due to staff calling out, weather, and residents being moved to other units without the proper number of staff. The facility in Jefferson County, KY has been closed for renovation and the staff there have been reassigned to assist at Campbell RJDC. This has helped to meet the staffing ratios.

Interview with the facility manager: The facility manager stated that ratios are 1:8 waking and 1:16 sleeping. Meeting the 1:8 has been a struggle. The facility leadership team is working on hiring and retention plans.

Reasoning and analysis by provision: 115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Memorandums from the PREA compliance manager: When our cameras go down, we notify all supervisors and put in a ticket to the help desk. This ticket gets taken care of quickly. During this audit period, we added one camera to the medical department. CRJDC does not have any blind spots.

Campbell Regional Juvenile Detention Center staffing plans for 2022, 2023 and 2024: The auditor reviewed the staffing plans. The plans are completed at least annually.

Interview with the agency PREA coordinator: The plan is reviewed and updated annually. A management meeting is being held to develop the annual plan.

Reasoning and analysis by provision: 115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

KYDJJ Campbell County Regional Juvenile Detention Center Standard Operating Procedures number 910: Campbell RJDC Juvenile Facility Manager II 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.

Unannounced facility visits (rounds) form and logs dated 2024: The auditor reviewed the unannounced forms and logbook entries for the 2024 calendar year. They showed that the PREA unannounced rounds were regularly occurring on all three shifts.

Interview with Intermediate Higher-Level Facility Staff: Unannounced rounds are occurring on both shifts each month. The person who conducted the unannounced rounds just shows up and walks around the units, while talking to staff and residents. The rounds are documented in the logbook and on the unannounced form. Any concerns are documented on the form. They stated no one is aware of when they are coming because they just show up.

115.313 (c) - Corrective Action:

The standard requires a 1:8 staffing ratio during waking hours. In the past 12 months there have been 135 deviations from meeting the ratios during waking hours. The ratio was not consistently being met. The facility manager provided a plan of action on May 8, 2025. They reported Campbell Regional has taken a more proactive approach to not only recruiting staff, but they have also taken measures to help with the retention of staff once they are hired.

To attract additional candidates, the facility will employ the use of social media to include Facebook, LinkedIn, and Indeed. They have also created a hiring register for the Correctional Officer position that gets renewed each week. This will help to prevent the facility from missing out on candidates that are actively seeking gainful employment.

With the greater influx of candidates, during the last two months the facility has begun utilizing staff members from outside the institution to help with expediting the hiring process, which has in turn cut down on lost time between applicant screening, scheduling interviews, and background checks.

To address the retention of staff, after speaking with staff members that were leaving, the facility has identified an opportunity during the initial few weeks of employment that could help to retain more quality employees.

When a new staff member comes on board the process of training and completing all necessary HR paperwork is much more deliberate than had previously been conducted. Staff introductions and periodic check-ins are a necessary part of this initial process. To take this a step further, the facility has made it a point to do check-ins at the training Academy in Louisville. These steps have helped to make the employees feel more important and let them know that they are an integral part of the team at Campbell.

In the last 90 days, these steps have helped to recruit, interview, process and hire 15 staff members, of which 12 are still currently gainfully employed with DJJ.

To help prevent deviation from the Federal PREA staff to youth ratios, the facility has made it a point to get a staffing schedule out weeks in advance for the entire month. This allows staff advanced notice for the need for scheduled overtime and allows the opportunity for overtime to be both voluntary and mandatory (if needed).

These processes coupled together, along with the dedication of the line staff, have allowed for the deviations to go from a more regular occurrence to abnormal in a short period of time. During the month of April 2025, there were a total of 65 shifts at Campbell, during those shifts there were a total of 9 deviations throughout the month.

Moving forward the facility will continue to utilize the steps that have allowed the facility to make progress to this point.

The facility leadership will continue to hold staff meetings based on staff retention and recruitment. As part of these meetings, they will invite line staff that would like to attend to get their insight and perspectives regarding these matters.

The facility will continue to prioritize hiring practices that not only expedite the onboarding of new employees but also focus on hiring quality and not necessarily quantity. These practices will include the continued use of social media as well as recruiters to make sure that they are casting a wide network to bring in quality candidates.

To make sure that they retain these staff members, the facility will continue to focus on the quality of training that they receive while inside the institution. This will include strategically pairing them during OJT with dedicated and experienced staff members that have shown a passion for this work.

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility are fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches, except in exigent circumstances?
☒ Yes ☐ No

115.315 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If an resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

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

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

Auditor Overall Compliance Determination

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

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Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Number 325, Searches (effective 04/05/2019)
- Kentucky Department of Juvenile Justice (KYDJJ) Campbell Regional Juvenile Detention Center Standard Operating Procedures number 704, Searches, (effective 06/28/2023)
- Kentucky Department of Juvenile Justice (KYDJJ) Campbell Regional Juvenile Detention Center Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, (effective 06/28/2023)
- The Department of Juvenile Justice General Directive, Youth Contraband Assessment and Initial Health Screening Procedure, (effective 04/02/2012)
- Cross Gender Pat Down and Visual Body Searches training curriculum, training video and power point presentation
- Contraband and Searches training curriculum, and power point presentation.
- Memorandums
- Staff training acknowledgement forms
- Logbook entries
- Interviews with 14 random staff
- Interviews with 13 random residents
- Observations from site review

Reasoning and analysis by provision: 115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 325, (pp.1-3): When possible, searches shall be conducted by same gendered staff. Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. Strip searches may be performed only with probable cause and authorization from the director of medical services. An incident report shall be completed, documenting the probable cause. A strip search shall always be performed by two staff of the same gender or medical personnel. A strip search shall be performed in an area that ensures the privacy and dignity of the youth. Strip searches shall be performed to visually inspect the juvenile's body and physically search the juvenile's clothing. Strip search procedures shall be reviewed by the director of medical services and the superintendent. 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. Authorization shall be required by the superintendent and director of medical services prior to a body cavity search.

Kentucky Department of Juvenile Justice (KYDJJ) Campbell Regional Juvenile Detention Center Standard Operating Procedures number 704, Searches, (page 1): Campbell RJDC staff conducting searches shall be the same gendered staff as the juvenile. Cross gender searches shall only be conducted under exigent circumstances and shall be documented.

Cross Gender Pat Down and Visual Body Searches training curriculum, training video and power point presentation: The agency shall not conduct cross-gender physical searches. In exigent circumstances when there are no staff of the same sex available, cross-gender staff shall conduct visual searches until a same gender staff can be located to perform a pat-down/frisk. The facility should not conduct cross gender strip searches or cross-gender visual body cavity searches.

Interviews with 14 random staff: All 14 staff stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. None of the staff provided an example of an exigent circumstance other than an emergency.

Reasoning and analysis by provision: 115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 325, (pp.1-2): Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. If possible two staff that are the same gender as the youth shall conduct the pat-down search. One staff shall facilitate the process. The second staff person shall observe the process to verify that the correct procedures are followed. Staff shall have the juvenile remove shoes, jackets, sweaters, gloves and hats and staff shall complete an inspection of these items. A pat-down search shall be conducted over the clothing including an inspection of the contents of all pockets. Staff

shall visually check the juvenile's hair, ears, nose, mouth, and under tongue. Staff may use a metal detection wand as part of the pat down search.

The Department of Juvenile Justice General Directive, Youth Contraband Assessment and Initial Health Screening Procedure: The Contraband Assessment shall consist of a pat down frisk and a handheld metal detector scan and shall be conducted in the view of the camera system at DJJ facilities that have a camera system. Two contraband assessment training staff shall be present during the contraband assessment. The person conducting the pat-down frisk and the handheld metal detector scan shall be the same gender as the youth.

Interviews with 13 random residents: All 13 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Interviews with 14 random staff: All 14 staff stated that they were restricted from conducting cross-gender pat-down searches except in exigent circumstances. None of the staff provided an example of an exigent circumstance other than an emergency.

Observations made during the site review: Only male staff performed searches of the residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 325 (page 2): Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. Document Review: There was no documentation to be reviewed as the facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Memorandum from PREA compliance manager: There have been no instances at CRJDC where any staff had to do any cross gender pat down searches, cross gender strip searches, or cross gender visual body cavity searches.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Memorandum from PREA compliance manager: Each resident in his cell has his own toilet. When a resident needs to use the bathroom, they use magnets over the window door to have privacy. They can also use magnets when they need privacy to change clothes. During shower time, all residents are locked into their cells, and each youth comes out one at a time to get a shower. The shower stall on each unit has a door and is private.

Interviews with 13 random residents: All 13 residents stated that staff of the opposite gender announce their presence when entering the housing unit. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviews with 14 random staff: All 14 staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Observations made during the site review: The residents can dress, shower and use the toilet without being viewed by staff of the opposite gender. There is a process in place for the residents to use the bathroom and change clothes by placing something over the window of their room. Residents shower one at a time. Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located.

Reasoning and analysis by provision: 115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. In the past 12 months:

- Zero such searches occurred.

KYDJJ Campbell Regional Juvenile Detention Center Standard Operating Procedures number 912, (page 3): Campbell RJDC staff shall not physically search a LGBTQI juvenile in a manner that is humiliating or degrading or for the purpose of determining the anatomy of a juvenile. Only qualified medical staff may conduct medical exams or searches that involve the removal of clothing revealing breasts, buttocks, or genitalia. Other staff may conduct such exams or searches in exigent circumstances as necessitated by safety concerns.

Interviews with 14 random staff: All 14 staff interviewed stated they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

Interviews with residents that identify as transgender or intersex: There were no residents that identified as transgender or intersex during the onsite phase of the audit.

Reasoning and analysis by provision: 115.315 (f)

PAQ: The percent of all security staff who received training on conducting cross gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs was 100%

KYDJJ Campbell Regional Juvenile Detention Center Standard Operating Procedures number 912, (page 3): DJJ staff shall be trained on how to conduct cross-gender 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.

Contraband and Searches Training Curriculum, (slide 40): DJJ staff shall be trained on how to conduct cross-gender 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.

Staff Training Records: All current staff have received the cross-gender search training, as well as conducting searches of transgender and intersex residents.

Memorandum from PREA compliance manager: All (100%) of CRJDC direct care staff are trained in cross-gender searches.

Interviews with 14 random staff: All 14 staff stated they have received the training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional

and respectful manner, consistent with security needs. All seven stated they had received the training when they were initially hired and during annual refresher training.

Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, (effective 04/05/2019)
- Interpreter Monthly Log Sheets for 2024
- Master Agreement with Interpretation & Translation Services (Language Services), (effective 05/19/2015)
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions,
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish
- Kentucky Department of Juvenile Justice, Juvenile Detention Center Handbook in English and Spanish
- Interview with Agency Head Designee
- Interviews with Random Staff
- Observations during site review

Reasoning and analysis by provision: 115.316 (a)

PAQ: The agency has established procedures to provide disabled residents 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (pp 2 and 3): Juveniles in the custody, care, and supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: Initial contact with the juvenile services worker (JSW); initial facility intake at a detention center, youth development center (YDC), and group home; initial meeting with a youth counselor; and upon request for PREA information by a juvenile. DJJ's PREA policy shall be made available in an accessible format to juveniles with disabilities.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, (pp 1 and 6): An orientation to the program's procedures, rules, programs, and services in language that the youth understands. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed.

Interview with Agency Head/Designee: The agency head/designee confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient 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. If a resident with disabilities needs assistance, arrangements will be made to provide the necessary and required assistance. They stated that interpreter services are available through the telephone.

During the on-site visit, there were no residents with disabilities or who were limited English proficient.

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (pp 2 and 3): Juveniles in the custody, care, and supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: Initial contact with the juvenile services worker (JSW); initial facility intake at a detention center, youth development center (YDC), and group home; initial meeting with a youth counselor; and upon request for PREA information by a juvenile. DJJ's PREA policy shall be made available in an accessible format to juveniles who speak limited English, or in the juvenile's native language if the juvenile does not understand English.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, (pp.1 and 6): At admission and during the orientation process youth shall undergo the following: an orientation to the program's procedures, rules, programs, and services in language that the youth understands. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed.

Master Agreement with Interpretation & Translation Services (Language Services): To provide interpretation and translation services in over 200 language offerings and for the visual and hearing impaired.

Document Review: The PREA brochures, flyers, handbook and resident education are available in both English and Spanish versions

Interpreter Monthly Log Sheets for 2024 - The auditor reviewed the monthly interpreter logs for 2024 and there were no incidents in which an interpreter has been used since 2022.

Observations during site review: The auditor called the language services line and confirmed that they provided services to the residents at the detention center if needed.

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- 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-responder duties under §115.364, or the investigation of the resident's allegations: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907: DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances.

Interviews with random staff: All staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents

or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All stated that to the best of their knowledge this has never occurred.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, (effective 12/01/2014)
- PREA Requirements for DJJ Staff form
- Review of staff new hire paperwork
- Review of random staff background checks
- Review of contractor background checks
- Five year background check spreadsheet
- Interview with Administrative (HR) staff

Reasoning and analysis by provision: 115.317 (a)

PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 2): 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 engaged in sexual abuse or sexual harassment in a prison, jail, community confinement facility, juvenile facility, or other institution; 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; or 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.

PREA Requirements for DJJ Staff: Seventeen new employees have been hired within the past 12 months. The auditor reviewed the PREA Requirements for DJJ Staff and determined that they were all asked these questions and the agency prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of 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 the residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 2): 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 been identified as the perpetrator in a sexual harassment matter and was found to have committed sexual harassment in their employment history.

Interview with Administrative (HR) staff: The facility considers prior 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 the residents.

Reasoning and analysis by provision: 115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) 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.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 27

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, (pp.1 and 2): 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. 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: criminal background or records check; sexual offender registry check; and child abuse and neglect registry check. 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (pp. 1, 2 and 3): 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). 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. 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: criminal background or National Crime Information Center (NCIC) check; sexual offender registry check; and child abuse and neglect registry check. 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. 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.

Random review of personnel files of employees hired in the past 12 months: The auditor reviewed the files of the three new employees who were hired within the past 12 months. Background checks, sexual offender registry checks and child abuse and neglect registry checks were conducted on all three of the employees.

Interview with Administrative (HR) staff: The agency asks all applicants, employees who make have contact with residents about previous misconduct described in section (a): if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is done through self-evaluations conducted as part of the hiring and promoting process. Background checks are also conducted on contractors, volunteers and teachers. Contractors are completed before they have contact with the residents. Teachers are completed when they are hired.

Reasoning and analysis by provision: 115.317 (d)

PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, (pp.1 and 2): 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. 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: criminal background or records check; sexual offender registry check; and child abuse and neglect registry check.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (pp. 1 and 2): 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).

Review of contractor background records check: The auditor reviewed the HR records for the contractor that has contact with the residents. A criminal background check was conducted, as well as a sexual offender registry check and a child abuse and neglect registry check.

Interview with Administrative (HR) staff: All employees, volunteers, contractors and teachers receive criminal background checks, as well as child abuse registry checks.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that either criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, (page 1): DJJ shall conduct background checks on all DJJ staff, volunteers, interns and contractors every five years, or sooner, if DJJ is made aware of a criminal offense that may have been committed by an employee.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 2): DJJ shall conduct background checks on all DJJ staff every five 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.

Five-year background check spreadsheet: The auditor reviewed the five-year background check spreadsheet and confirmed that background checks are occurring every five years for all employees at Campbell Regional Juvenile Detention Center.

Interview with Administrative (HR) staff: The agency and facility maintain a spreadsheet that includes the dates of the initial background checks, as well as the dates as to when the five-year background checks are completed. Background checks are completed every five years for employees and contractors. These include NCIC, criminal history, sex offender registries, and child abuse registries.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, (pp.2 and 3): 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. 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.

PREA Requirements for DJJ Staff form: The auditor reviewed the PREA Requirements for DJJ and documented that all applicants were required to answer questions about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is a self-evaluation form that is completed by the applicant or employee.

Random review of staff background checks: The auditor reviewed human resource files for and documented that this form is being completed as part of the hiring process.

Interview with Administrative (HR) staff: The agency asks all applicants, employees who make have contact with residents about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is done through self-evaluations by completing the PREA questionnaire and conducted as part of the hiring and promoting process. The agency and facility impose upon employees a continuing affirmative duty to disclose any such misconduct.

Reasoning and analysis by provision: 115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 4): Material omissions or falsifying documentation regarding any type of sexual misconduct shall be grounds for dismissal.

Reasoning and analysis by provision: 115.317 (h)

PAQ: Unless prohibited by law, the agency shall 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, (page 1): 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. 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 nonexempt 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. 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).

Interview with Administrative (HR) staff: Confirmed that the agency provides the information as requested.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Department of Juvenile Justice -Campbell Regional Juvenile Detention Center Floor Plan
- Interview with Agency Head Designee
- Interview with Facility Manager

Reasoning and analysis by provision: 115.318 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Interview with agency head designee: When designing, acquiring or planning substantial modifications to facilities, the agency does an area study and considers any blind spots and open lines of sight. The goal is to protect the residents from sexual abuse. This can be done with additional cameras, mirror balls and clearly marking areas where the residents are not allowed.

Interview with facility manager: There have not been any substantial expansions or modifications since the last PREA audit.

Reasoning and analysis by provision: 115.318 (b)

PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Interview with agency head designee: Cameras with wider views and audio are considered.

Interview with facility manager: The facility considers monitoring technology to enhance resident's protection from sexual abuse. The facility is constantly looking at the camera system to see if there are any blind spots, to make sure showers and restrooms are blocked out and to determine who has access to certain areas of the facility.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, (effective 04/05/2019)
- 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, (effective 11/04/2020)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, (effective 10/05/2018)

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, (effective 03/09/2018)
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) (effective 2020)
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers
- Memorandums
- Medical Services Provider Letter
- Medical Staff Licenses
- Interview with PREA Compliance Manager
- Interview with Medical Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is not responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Administrative investigations are conducted by the Kentucky Internal Investigations Branch.

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They all stated that it was the responsibility of the Kentucky State Police to gather any usable evidence and that their responsibility was to preserve the scene. This is done by taping off the area and following the first responder protocol.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1 (pp. 1 and 2): Each YDC and group home shall provide or make arrangements for the provision of the following services: emergency medical and mental health services.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, (page 1): 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 or licensed behavioral health professionals. 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 or behavioral health care or be disciplined for requesting medical or behavioral health care. Youth shall be provided with adequate information to give informed consent prior to invasive procedures or examinations and consent shall be sought from the youth. Youth shall have the right to refuse medical, dental, and behavioral health examinations or procedures. Youth shall have the right to file formal grievance under provisions of DJJPP Series 300 and Series 700 (Grievance Procedure).

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, (page 1): Access shall be provided to emergency medical and dental care 24 hours a day.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): If the sexual assault occurred less than seventy-two 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.

Medical Services Provider Letter: The Department of Juvenile Justice (DJJ), Fiscal Branch is responsible for payment for services rendered to a child who is committed to the Department, if the child does not have Medicaid or private insurance coverage. DJJ will pay for those services at the same rate and according to KY Medicaid's most recently published fee schedule.

Memorandums from PREA compliance manager: Because of the services provided for the SAFE/SANE program located at St. Elizabeth hospital it is advised by the staff that the standard protocol to access those services would be to bring the patient to the hospital emergency room, request the SAFE/SANE nurse and the staff member will contact the on-call person.

Medical Staff Licenses - The auditor reviewed the medical staff licenses and documented that they are all current as of the date of the audit.

Interview with Medical Staff: The facility does not conduct forensic examinations. The youth are taken to St. Elizabeth Hospital where they have trained staff for forensic examinations.

Interview with SANE/SAFE Nurse: St. Elizabeth Hospital, in Florence, KY provides SANE/SAFE nurses. The emergency room has 24/7 SANE nurses. The facility provides services for the Newport, KY area and they conduct forensic exams.

Reasoning and analysis by provision: 115.321 (d)

PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) (effective 2020): Contact the appropriate KASAP regional rape crisis center to request that rape crisis personnel accompany and support the victim through the forensic medical examination process and investigatory interviews. This MOU has been revised but is awaiting signatures after being reviewed by the attorneys.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through ION which is considered a Rape Crisis Center. DJJ ensures the qualifications of the victim advocate service meet what is described in the standard.

There were no residents who reported sexual abuse.

Reasoning and analysis by provision: 115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is part of the Emergency Response Plan. KASAP and provider ION are notified. A counselor at the facility is also available and would stay with the resident until an advocate arrives. ION provides and coordinates services while the youth is in the facility and when they return home.

Memorandum from the PREA compliance manager: Campbell Regional Juvenile Detention Center has not had any youth needing a forensic medical examination, victim advocate, or qualified agency staff member.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making the compliance determinations:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, (effective 03/09/2018)
- Internal Investigations Branch (IIB) Website
- Kentucky State Police (KSP) Website
- Interview with Agency Head Designee
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0
- In the past 12 months, the number of allegations resulting in an administrative investigation: 0
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp 1-4): 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. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 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.

Interview with agency head designee: Confirmed that the IIB conducts administrative investigations for PREA. They also confirmed that criminal investigations refer to law enforcement and/or the Kentucky State Police.

Interview with investigative staff: The IIB conducts administrative investigations into any PREA complaint or allegation. The Kentucky State Police are automatically notified if there is a criminal component to the allegation.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 4): 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.

Kentucky State Policy Website: The KSP provides services on a twenty-four (24) basis. KSP are responsible for investigating sexual abuse. Sexual abuse allegations referrals made by KDJJ for criminal investigations are documented when referred to KSP.

Internal Investigations Branch Website: Investigations are conducted for administrative purposes and if criminal violations are discovered, the allegation is referred to law enforcement.

Interview with investigative staff: The Kentucky State Police are automatically notified if there is a criminal component to the allegation.

Reasoning and analysis by provision: 115.322 (c)

Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 4): 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.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees on all relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Cambell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, (effective 10/01/2019)
- 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, (effective 10/01/2019)
- 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, (effective 03/09/2019)
- Kentucky Department of Juvenile Justice Notice Kentucky Age of Consent
- Staff training acknowledgement forms/training records
- PREA Phases 1, 2, 3, 4, 5 and 10 Training curriculum
- Kentucky Statue 620.030, duty to report, mandatory reporting laws
- Interviews with Random Staff

Reasoning and analysis by provision: 115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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.

The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp. 1 and 2): 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. DJJ staff shall train all employees who have contact with juvenile residents on the zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; 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; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and 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 501, Professional Development, Staff Training and Development, (page 1): The Department of Juvenile Justice (DJJ) shall provide training and professional development for department staff.

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, (page 4): All facility staff shall be provided orientation training on sexual abuse prevention and response in supervisory settings/ Prison Rape Elimination Act of 2003 (PREA).

Training curriculum: PREA Phases 1, 2, 3, 4, 5 and 10: The auditor reviewed the training curriculum and confirmed that the training meets all the provisions of this standard.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training.

Kentucky Department of Juvenile Justice Notice Kentucky Age of Consent: The Kentucky legal Age of Consent for sexual contact is 16 years old.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent. All staff knew that the age of consent was 16 years old.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training curriculum: PREA Phases 1, 2, 3, 4, 5 and 10 confirm that training is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training, and it is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have documented records of receiving PREA training annually.

There are no current employees who have not received at least the initial training.

Memorandum from the PREA compliance manager: Staff at CRJDC receive annual training on PREA and are updated anytime new information and/or the Agency PREA Coordinator submits changes to us.

Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.

Reasoning and analysis by provision: 115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training. The facility requires staff to sign the acknowledgement forms documenting that they understood the training they had received.

Findings: Based on the analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/2018)
- 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, (effective 03/09/2018)
- 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, (effective 03/ 09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development,

Training Requirements, Special Staff Groups, and Specialized Task Training, (effective 10/01/2019)

- Contractor Acknowledgement of Phase 1 PREA training
- PREA Phase 1 Training - PREA Overview DJJ Policy
- Interview with contractor who have contact with residents

Reasoning and analysis by provision: 115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

- The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 10

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (page 1); 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. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (page 1): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, (page 8): 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 shall be provided as needed.

Contractor Acknowledgement of Phase 1 PREA Training: The auditor reviewed the acknowledgement forms for volunteers and contractors for the completion of Phase 1 PREA Training. The training was documented as being completed.

Interview with volunteer and contractor who may have contact with the residents: They stated they have been trained on their responsibilities regarding sexual abuse and sexual harassment. The training consisted of what to look for, boundaries, how to make a report and who to report to. They stated they were given a copy of the zero-tolerance policy.

Reasoning and analysis by provision: 115.332 (b)

PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 1): In accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care,

or supervision of DJJ. DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred.

PREA Phase 1 Training - PREA Overview DJJ Policy: The auditor reviewed the training curriculum and documented that it covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interview with volunteer and contractor who have contact with residents: They stated they have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Reasoning and analysis by provision: 115.332 (c)

PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Volunteer and Contractor Acknowledgement of Phase 1 PREA Training: The auditor reviewed the acknowledgement forms for volunteers and contractors for the completion of Phase 1 PREA Training. Their signature on the form indicated that they understood the training they had received.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who have limited reading skills? ☒ Yes ☐ No

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)
- 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, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, (effective 10/05/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, (effective 04/05/2019)
- Interpreter Monthly Log Sheets for 2024
- Master Agreement with Interpretation & Translation Services (Language Services), (effective 05/19/2015)
- Youth Acknowledgement of PREA Education and PREA Documentation
- Kentucky Department of Juvenile Justice, Juvenile Detention Handbook, English and Spanish versions
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- Interview with Intake Staff
- Interviews with Random Residents
- Observations during on-site visit

Reasoning and analysis by provision: 115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

- The number of residents admitted in the past 12 months who were given this information at intake: 600

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (pp. 1 and 2): 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. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: the zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; how to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. Juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: initial contact with the juvenile services worker (JSW); initial facility intake at a detention center, youth development center (YDC), and group home; initial meeting with a youth counselor; monthly treatment team meetings; and upon request for PREA information by a juvenile. During intake with the JSW, where a juvenile may be placed with a private child care agency or in a DJJ residential facility, community staff shall provide the juvenile and the parent or caregiver with a PREA flyer and shall read the information contained within the flyer to the juvenile. 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: DJJ's zero tolerance PREA policy; sexual abuse, sexual harassment, victimization prevention, and intervention; self- protection information to prevent becoming a victim and how to avoid high- risk situations while placed in a facility; 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; obtaining medical assistance, counseling services, and treatment if victimized; 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 potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet. 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. 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).

Kentucky Department of Juvenile Justice trifold brochure, Juvenile Detention Handbook, Resident Safety Education Flyers, Resident Education, in English and Spanish versions - The auditor reviewed the brochures and confirmed that they provided PREA education. The auditor reviewed the Resident Safety Education flyers that were posted all throughout the facility. The posters provided basic information about PREA and the hotline number to report any allegation or suspicion.

Interview with intake staff: Resident PREA education begins when the youth arrive at the facility. PREA documents are read to them, and they sign that they understand what was read and told to them. Zero tolerance is explained to them, and they watch a video. They are given brochures, and additional PREA information is provided by the nurse during their medical evaluation. The same process is followed anytime the youth comes through the door as an admission to the facility. It does not matter if they are new residents or transfers from another facility.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education as soon as they got to the facility during the admission process. The residents stated that this information was provided verbally, by watching a video, brochures and the handbook.

Reasoning and analysis by provision: 115.333 (b)

PAQ: Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents 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 agency policies and procedures for responding to such incidents.

- The number of those residents admitted in the 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: 600

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 2): 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). DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet. 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. 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).

Interview with intake staff: The agency and facility ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents through watching the PREA video, as well as verbal instruction during the initial intake. Policy requires it to be done within 72 hours, but the facility does it on the same day of admission. The youth cannot leave intake until the PREA process is explained and the documentation that they understand is signed. The process makes sure that the residents are well versed in PREA on their first day in the facility.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All of the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 2.): 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). DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet.

Interview with intake staff: All residents, new admissions or those who have transferred from another facility, receive PREA education and assessments as part of the admission process.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 3): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, (pp 1 and 6): An orientation to the program's procedures, rules, programs, and services in language that the youth understands. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, (page 3): Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services: housing that provides for their safety and security; rooms or housing units designed for their use that provide for integration with other juveniles; programs and services that are modified and/or specifically accessible to them; and education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Juvenile Detention Handbook, KYDJJ trifold brochure, KYDJJ Resident Education presentation, and KYDJJ Resident Safety Education flyers.

Master Agreement with Interpretation & Translation Services (Language Services): To provide interpretation and translation services in over 200 language offerings and for the visual and hearing impaired.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

Reasoning and analysis by provision: 115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

KDJJ Youth Acknowledgement of PREA Education and PREA Documentation: The auditor reviewed the signed Youth Acknowledgement of PREA Education and Documentation forms for all current of the facility. The signed form documents that the residents have received the education and have understood the material they were given.

Reasoning and analysis by provision: 115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Juvenile Detention Handbook, KYDJJ trifold brochure, KYDJJ Resident Education presentation, and KYDJJ Resident Safety Education flyers. Residents are given a copy of these at intake. In addition, this information is read by staff to the residents.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

115.334 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Kentucky Justice and Public Safety Cabinet Internal Investigations Branch policy number IIB-013, Prison Rape Elimination Act (PREA) Investigations, (effective 06/23/2021)
- Training certificates for investigators
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.334 (a)

PAQ - The agency does not conduct administrative or criminal sexual abuse investigations.

Kentucky Justice and Public Safety Cabinet Internal Investigations Branch policy number IIB-013, Prison Rape Elimination Act (PREA) Investigations, (page 4): IIB management shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interview with investigation staff: All IIB investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. All investigators have former law enforcement experience. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.334 (b)

Kentucky Justice and Public Safety Cabinet Internal Investigations Branch policy number IIB-013, Prison Rape Elimination Act (PREA) Investigations, (page 4): IIB management shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interview with investigation staff: All IIB investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. All investigators have former law enforcement experience. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.334 (c)

Training certificates for investigators: The auditor reviewed 14 training certificates for the IIB investigators. Specialized training has been completed, and training records are documented.

Finding: The agency does not conduct investigations. These are conducted by the Kentucky Internal Investigations Branch and the Kentucky State Police. The information provided is from the IIB. Findings: No corrective action is required.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/2018)
- 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, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, (effective 10/05/2018)
- PREA Phase 1 Training Curriculum
- PREA Phase 6 Training Curriculum
- Medical and Mental Health DJJ Acknowledgement of Phases 1 and 6 Training Medical and Mental Health
- Memorandum
- Interview with Medical Nurse
- Interview with Mental Health Staff

Reasoning and analysis by provision: 115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 5
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp.1 and 3): 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. All staff are required to complete Phase 1 on the PREA training. Medical and mental health staff are required to complete Phase 6 which is the specialized medical training.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 2): 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. 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.

PREA Phase 1 and Phase 6 Training Curriculum: The auditor reviewed the training curriculum for medical and mental health staff. These training phases are required medical and mental health staff includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

Interview with medical and mental health staff: Medical and mental health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

Reasoning and analysis by provision: 115.335 (b)

PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, (pp. 1 and 2): DJJ health care personnel shall be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law. This policy shall apply to licensed health care personnel providing services to youth either by direct employ or contract. The role of the health care personnel shall be one of neutrality. These personnel shall not be expected to collect information that may compromise their neutrality. If need for forensic information is related to a psychological evaluation, a qualified outside provider of that type service shall be contacted to perform this service.

KY Department of Juvenile Justice memorandum: Agency medical staff in DJJ facilities do not conduct forensic examinations. Forensic examinations will be conducted at a medical facility that has SANE, SAFE, and/or qualified medical practitioners.

Interview with medical and mental health staff: Both the medical and mental health staff interviewed stated they did not conduct forensic examinations. They stated these were conducted at the local hospital.

Reasoning and analysis by provision: 115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training: The auditor reviewed the training acknowledgement forms for the medical and mental health staff. They signed the forms, acknowledging that they had received and understood the training.

Reasoning and analysis by provision: 115.335 (d)

PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp.1 and 3): 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. All staff are required to complete Phase 1 on the PREA training.

Medical and Mental Health Contractor DJJ Acknowledgement of Phase 1 Training: The auditor reviewed the training acknowledgement forms for the medical and mental health staff. They signed the forms, acknowledging that they had received and understood the training.

Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility and periodically throughout the resident's confinement, are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.341 (b)

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

115.341 (c)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical size and stature of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The resident's level of emotional and cognitive development?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) The resident's current charges and offense history?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (10) Any other specific information about individual residents that

may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener
- Sample of resident Vulnerability Assessment
- Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
- Interviews with Random Residents
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

Reasoning and analysis by provision: 115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing

other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

- 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 and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 455

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905: 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. 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.

Interview with staff that perform screening for risk of victimization and abusiveness: Residents are usually screened on the day of admission for risk of sexual abuse victimization or sexual abusiveness toward other residents. The only time it does not happen on the day of admission is on Sunday when staff are not available. The assessments are administered by the counselors. Court and any other documents that come with the resident are reviewed prior to meeting with the resident. Residents' risk levels are reassessed every three months, once a quarter or anytime there is a room change.

Interviews with random residents: All the random residents stated they remember when they first came to the facility being asked questions like whether they had ever been sexually abused, whether they identified with being gay, bisexual or transgender, whether they had any disabilities, and whether they thought they might be in danger at the facility. They stated that PREA is gone over with them basically every month, or at least every 60 days or if there is a new resident or room change.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener: The Victimization and Sexual/Physical Aggression Screener (VSPA-S) is an instrument that assesses youth who are placed in a Department of Juvenile Justice (DJJ) residential facility or detention center for vulnerability to violent and aggressive behavior as well as the susceptibility towards engaging in this type of conduct. It is the revised version of the Vulnerability Assessment Instrument (VAI). The name change signifies revisions that ensure the instrument reflects the variety of types of victimization/aggression.

Sample of resident Vulnerability Assessment: The auditor reviewed all the residents' current Vulnerability Assessments. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; 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; 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 resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 2): The screening tool shall ascertain the following information: prior sexual victimization or abuse; gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning or queer, or intersex (LGBTQI); current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or developmental disabilities; intellectual development; physical disabilities; resident's perception of vulnerabilities; and information to indicate heightened need for supervision or safety precautions, or separation from certain residents.

Interview with staff that performs screening for risk of victimization and abusiveness: The assessment considers any past physical and/or sexual abuse, gender identity, the history of the resident (criminal and social), age, size, cognitive, gang affiliation, and emotional development.

Reasoning and analysis by provision: 115.341 (d)

PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Interview with staff that performs screening for risk of victimization and abusiveness: The information for the assessment is obtained through conversations with the residents, a review of the documentation that comes with the youth to the facility and a self-evaluation of mostly yes/no questions on the assessment. The counselor explains the assessment process and reads the assessment to the youth and asks the questions.

Reasoning and analysis by provision: 115.341 (e)

PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents.

Interview with agency PREA coordinator: The agency has outlined that only counselors and upward management shall have access to a resident's risk assessment within the facility to protect sensitive information from exploitation. Line staff do not have access.

Interview with PREA compliance manager: The assessments are limited to counselors, intake staff, facility manager, and the PREA compliance manager. Everything is uploaded and password protected. A hard copy is maintained and double locked in the PREA compliance manager's office

Interview with staff that performs screening for risk of victimization and abusiveness: Access to the assessment is the counselors, anyone who has access to booking and mainly management

Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Does the agency isolate residents 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 ☐ No
- During any period of isolation, does the agency refrain from denying residents daily large-muscle exercise and any legally required educational programming or special education services? ☒ Yes ☐ No
- Does the agency allow residents in isolation to receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Does the agency allow residents access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency house lesbian, gay bisexual, transgender, or intersex residents solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abuse? ☒ Yes ☐ No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If residents are isolated pursuant to 115.342(b), does the facility clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.342 (i)

- Every 30 days, does the facility afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Prison Rape Elimination Act of 2003 (PREA), Sexual Orientation and Gender Identity, (effective 03/09/2018)
- Interview with Agency PREA Coordinator
- Interview with Facility Manager
- Interview with PREA Compliance Manager
- Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness
- Interview with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.342 (a)

PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905,: 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. 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.

Memorandum from the PREA compliance manager: CRJDC tracks resident housing and programming assignments by using assessments and mental health documents. The counselor meets with each young person and uses booking to keep counselor notes and other documentation current for the staff.

Interview with PREA compliance manager: The scores from the assessment are reviewed. These scores help make housing determinations and educational programming, as well as any other services that may be needed.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment provides enough information to determine if there are any concerns and if the youth need closer supervision.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- 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 or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (pp. 1 and 2): Staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, (pp. 1 and 4): Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. The Superintendent and Treatment Director, when on duty at the facility, shall visit each youth in isolation each day. The visit shall be documented in the observation log. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is needed more frequently. Any treatment provided shall be documented in the youth's Medical Record. Youth in isolation shall be afforded living conditions and privileges approximating those available to the general population including modified access to hygiene, recreation, educational, and treatment services taking into consideration the youth's safety needs.

Interview with facility manager: The facility does not use isolation for youth who were alleged to have suffered sexual abuse. If isolation is used for anything, it is usually two hours or less.

Interview with medical and mental health staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular

housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905 (page 2): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (pp. 1 and 2): 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. DJJ staff shall provide quality services and treatment to juveniles regardless of their actual or perceived sexual orientation, gender identity, or gender expression. DJJ staff shall provide fair and equal treatment without bias and in a professional and confidential manner based on principles of sound professional practice to LGBTQI juveniles in the care and custody of DJJ. 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.

Memorandum from the PREA compliance manager: Youth are not housed based solely on whether they identify as gay, bisexual, transgender, or intersex. Staff will review the information gathered during the assessment process. Staff will be made aware of any risk factors so that we can better help the youth. Staff assigned to the youth's housing area will communicate with supervisors and counselors to identify any problems the youth is having daily. Youth that identify as LGBTI will be reassessed once a quarter to ensure that they are not experiencing any symptoms of bullying, depression, or suicidal ideation.

Interview with agency PREA coordinator: The agency does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents.

Interview with PREA Compliance Manager: The facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents.

There were no transgender or intersex residents to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.342 (d)

PAQ: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (pp. 1 and 2): 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. DJJ staff shall provide quality services and treatment to juveniles regardless of their actual or perceived sexual orientation, gender identity, or gender expression. DJJ staff shall provide fair and equal treatment without bias and in a professional and confidential manner based on principles of sound professional practice to LGBTQI juveniles in the care and custody of DJJ. 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.

Interview with PREA Compliance Manager: All residents are treated the same. Transgender and intersex residents would not be treated any differently. It is the same process for every resident.

There were no transgender or intersex residents to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 1): 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.

Interview with PREA compliance manager: The facility always considers whether the housing and programming assignments will ensure the resident's health and safety. Reassessments are completed every quarter of all residents.

Interview with staff that performs screening for risk of victimization and abusiveness: All residents are reassessed every three months if they are at the facility that long. Transgender and intersex residents would be treated the same as the other residents.

Reasoning and analysis by provision: 115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (page 2): 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.

Interview with PREA compliance manager: Absolutely, the assessment takes into consideration the residents' views. All residents' views are considered.

Interview with staff that performs screening for risk of victimization and abusiveness: All residents' views and perceptions are considered during the assessment process. If there are concerns that the views are not being heard, the counselor speaks up for them.

Reasoning and analysis by provision: 115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (page 2: DJJ shall provide transgender and intersex juveniles with safety and privacy when using the shower and bathroom and when dressing and undressing. 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.

Interview with PREA compliance manager: All residents shower separately. They enter the shower fully dressed and exit the shower fully dressed.

Interview with staff that performs screening for risk of victimization and abusiveness: All residents are allowed to shower separately. The showers are private and only one person at a time showers.

Reasoning and analysis by provision: 115.342(h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (pp. 1 and 2): Staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth.

Reasoning and analysis by provision: 115.342(i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

The facility does not use isolation for sexual victimization.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 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, (effective 03/09/2018)
- 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, (effective 03/09/ 2018)
- Kentucky Department of Juvenile Justice, Juvenile Detention Center Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- KASAP-DJJ MOU
- Memorandums
- Interview with Facility PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Random Residents
- Observations during on-site visit

Reasoning and analysis by provision:115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3: 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. 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. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907 (pp.): DJJ and shall provide instructions for reporting sexual misconduct of any type. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; and how to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided.

KASAP-DJJ MOU - Make reports of abuse, dependency and neglect allegations which arise in relation to the Internal Investigations Unit.

Youth Education Curriculum Guide: DJJ staff shall be responsible for providing youth with age-appropriate information and documentation explaining the zero-tolerance policy regarding sexual assault, sexual abuse, sexual harassment or any type of sexual misconduct and how to report incidents or suspicions of such to the hotline or staff. How to safely report an incident of sexual assault, sexual abuse, sexual harassment, or any type of sexual misconduct including the option to report the incident to a designated staff member or confidentially through the Internal Investigations Branch hotline. Youth shall have access to the Internal Investigations Branch hotline telephone to report an incident, allegation, or complaint. In a facility that does not have direct access to the hotline, youth shall be permitted to use a facility telephone. The 1-800 hotline number shall be clearly posted.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment to the Internal Investigations Branch (IIB) hotline, by telling a staff member, or writing a grievance.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment to the Internal Investigations Branch (IIB) hotline, by telling a staff member, writing a grievance, or telling someone who does not work at the facility.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school, recreation room, living units, and in all common areas. The auditor tested the ways to report by calling the hotline and the rape crisis center.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not detain residents solely for civil immigration purposes.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3): 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. 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. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907 (pp.): DJJ and shall provide instructions for reporting sexual misconduct of any type. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; and how to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided.

Youth Education Curriculum Guide: DJJ staff shall be responsible for providing youth with age-appropriate information and documentation explaining the zero-tolerance policy regarding sexual assault, sexual abuse, sexual harassment or any type of sexual misconduct and how to report incidents or suspicions of such to the hotline or staff. How to safely report an incident of sexual assault, sexual abuse, sexual harassment, or any type of sexual misconduct including the option to report the incident to a designated staff member or confidentially through the Internal Investigations Branch hotline. Youth shall have access to the Internal Investigations Branch hotline telephone to report an incident, allegation, or complaint. In a facility that does not have direct access to the hotline, youth shall be permitted to use a facility telephone. The 1-800 hotline number shall be clearly posted.

Memorandum: The Kentucky Department of Juvenile Justice does not house residents detained solely for civil immigration purposes.

Interview with PREA compliance manager: Residents can call the Internal Investigations Branch (IIB) hotline. The IIB is outside DJJ. If the hotline is called, there is an immediate transmission that a report was made. The IIB sends the facility a report that outlines who called and who the alleged perp is, if known. Residents can also contact KASAP or the ION Center.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment to the Internal Investigations Branch (IIB) hotline, by telling a staff member, by writing a grievance, or telling someone who does not work at the facility. They stated that they could make an anonymous report, as well.

Observations during the site review: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment to the Internal Investigations Branch. The auditor tested the hotline, and it was answered by a live person and was not automated. The hotline representative explained the call process to the auditor. All calls are taken seriously and IIB decides as to whether to investigate the case. Calls can be anonymous if requested.

Reasoning and analysis by provision:115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual

harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3) 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. 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. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB.

Memorandum from the PREA compliance manager: Campbell Regional Juvenile Detention Center has not received a grievance related to sexual abuse, sexual harassment, or any special incident during this audit period.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member, write it in a grievance, or tell someone outside of the facility. The staff stated that once they have been made aware of such a report, they are required to immediately report it.

Reasoning and analysis by provision: 115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interview with PREA compliance manager: The facility provides paper and pencils to complete a report or grievance as outlined in the handbook. The residents can write letters to a third party to report an allegation, as well. The residents are given the tools to write as many letters as they want.

There was no resident who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3): 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.

Staff PREA Acknowledgement of Phase 1 PREA Training: The auditor reviewed the staff acknowledgement training forms for Phase 1 which includes the duty to report. Slide 13 reviews the Mandatory Reporting Laws for the State of Kentucky.

KRS 620.030 states that any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to the Kentucky State Police, the Commonwealth's attorney or County attorney, or the cabinet or its designated representative within 48 hours

Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by contacting the Internal Investigations Branch (IIB) Hotline or a supervisor.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may an resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of an resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are parents or legal guardians of a juvenile allowed to file grievances regarding allegations of sexual abuse, including appeals, on behalf of residents? ☒ Yes ☐ No
- Are such grievances conditioned upon the juvenile agreeing to have the request filed on his or her behalf? ☐ Yes ☒ No

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities)

- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, Programs and Services, Grievance Procedure, (effective 04/05/2019)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Campbell Regional Juvenile Detention Center Handbook
- Memorandums
- Observation during site review

Reasoning and analysis by provision: 115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, (pp. 1 and 2): Youth shall be provided an internal grievance mechanism for complaints arising from institutional matters. DJJ staff shall explain the grievance process to the youth upon intake and post the process in living and program areas. The resident handbook shall include instructions for the grievance process. Youth shall have the right to file a grievance without fear of retaliation. Each facility shall make available grievance documentation located in an area that is easily accessible to youths. Each facility shall provide one or more clearly marked lockboxes for the submission of a grievance. The lockbox shall be in an open area accessible to all youth. The grievance officer shall be responsible for the management of the lockbox. If a youth is unable to adequately express the grievance in written form, the youth shall be allowed to present the grievance to the designated grievance officer verbally. Youth shall acknowledge all grievance findings, to include withdrawals, with their signature. The grievance officer shall document any refusals to acknowledge the grievance findings.

Campbell Regional Juvenile Detention Center Handbook: The grievance process is outlined in the resident handbook. It includes the steps that need to be taken, as well as the timelines (if any) associated with filing a grievance.

Interview with grievance staff: If a resident wrote a grievance alleging sexual abuse or sexual harassment, it would be forwarded straight to the hotline. There are four grievance boxes. They are located on each unit. The boxes are checked every day. The grievance procedure is explained in the handbook and is also explained by staff during intake. A resident can receive assistance in writing a grievance if they request it.

Observation during site review: The auditor observed the locked grievance box and the form that can be used to make a grievance. The auditor observed the grievance box being checked.

Reasoning and analysis by provision: 115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy

requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, (page 3): 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.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse. They can do it anytime. Anything but a grievance for sexual abuse or sexual harassment would request that the resident attempt to informally resolve a grievance against a staff member.

Reasoning and analysis by provision: 115.352 (c)

PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, (pp. 1 and 3): A minimum of two (2) grievance officers shall be designated for each DJJ program. If the designated grievance officer or Superintendent is directly involved in the grievance, the grievance shall be forwarded to the next line supervisor for resolution.

Interview with grievance staff: There are two grievance staff members so that the resident can submit a grievance without submitting it to a staff member who might be the subject of the complaint.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, (pp. 1 and 3): The written grievance shall be retrieved by the designated grievance officer within two (2) business days of the grievance being filed. The designated grievance officer shall conduct resident and staff interviews within three business days of receiving the grievance. This includes obtaining all relevant documentation and progress notes. Upon conclusion of the interviews and review of relevant documentation the designated grievance officer shall present a written response to the youth within three business days. If dissatisfied with the resolution presented by the designated grievance officer, the youth may within forty-eight hours forward the grievance to the Superintendent. The Superintendent shall have up to five business days to present a written final response to the youth.

Interview with grievance staff: The facility has never had a grievance go past 90 days. A decision is usually made within 24 to 48 hours.

There were no residents who reported a sexual assault to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- 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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp. 1 and 4): DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. DJJ shall provide a third party reporting mechanism for the public on the DJJ website and through the IIB hotline.

Interview with grievance staff: Anyone can submit a grievance on behalf of the resident.

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp. 1 and 4): DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. DJJ shall provide a third party reporting mechanism for the public on the DJJ website and through the IIB hotline.

Interview with grievance staff: There have not been any incidents of emergency grievances being filed.

Reasoning and analysis by provision: 115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance

alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

- 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:
0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 3): 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. 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.

Interview with grievance staff: There has been no discipline given to a resident that has filed a grievance.

Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.

Standard 115.353: Resident access to outside confidential support services

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Prison Rape Elimination Act of 2003 (PREA), Family and Community Contacts: Mail, Telephone, and Visitation (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, (effective 05/15/2017)
- Campbell Regional Juvenile Detention Center Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions

- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- KASAP Process
- KASAP Pamphlets
- Interview with Facility Manager
- Interview with PREA Compliance Manager
- Interviews with Random Residents
- Observations from site review

Reasoning and analysis by provision: 115.353 (a)

PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

KASAP Process: Youth that have been a victim of sexual misconduct shall have access to support victim services in person or via the rape crisis center hotline 800-656-HOPE (4673). This information shall be included in: Resident PREA Brochure; Resident PREA Education power point and Resident Handbook.

Memorandum of Understanding between KYDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020: The intent of this MOU is to provide youth in the custody, care and supervision of DJJ with confidential emotional support services related to sexual assault in accordance with the Prison Rape Elimination Act (PREA).

Document Review - The auditor reviewed the Resident Education brochure, the Resident Education power point, and the Resident Handbook to confirm that this information is available to the residents.

Interviews with random residents: Most of the residents interviewed were aware that there were outside services but were not sure what or who they were. They knew that there were KASAP posters around the building but could not say the name of the agency that provided services for this area. Only two of the thirteen residents interviewed stated the services were for sexual abuse support or a rape crisis center. Five of the 13 stated they did not know what type of services they provided. The residents stated that there was information around the building if they needed to call. Two of the residents stated that they did not know when they could call these services. One resident stated that they could request to call them, but it might take a while to get the call. They all stated that they thought the call would be free. Three of the residents did not think the calls would remain private. Four of the residents did not think there would be any reason that someone would have to be told about the call. Ten of the

residents stated the calls would remain private unless they were required to tell someone. The reason they gave was in case someone was being hurt.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Observations from site review. There was signage throughout the facility that provided information on outside support services. The auditor contacted The ION Center for Violence Prevention which is the agency that works with this county through KASAP. They confirmed that the residents can call anytime, the service is always free, and the calls remain private unless there are concerns of harm.

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Interview with random residents: Ten of the 13 residents interviewed stated that these calls would remain private unless someone was hurt.

Reasoning and analysis by provision: 115.353 (c)

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Memorandum of Understanding between KYDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020: The intent of this MOU is to provide youth in the custody, care and supervision of DJJ with confidential emotional support services related to sexual assault in accordance with the Prison Rape Elimination Act (PREA).

KASAP Pamphlets: The auditor reviewed the About US-KASAP and Help for Survivors-KASAP pamphlets and they provided information about the services offered by the agency.

Reasoning and analysis by provision: 115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, (page 1): Youth in a Department of Juvenile Justice (DJJ) operated or contracted program shall have access to legal representation and access to the courts. 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, (page 1): Family and community contacts shall be designed to promote positive relationships and facilitate communication between the youth, parent or caregiver, and community. Contacts shall be in keeping with the mission and security level of the program and in accordance with the youth's Individual Treatment Plan (ITP). There shall be a weekly postage allowance of five (5)

stamps per youth, at no cost to the youth. Contact with attorneys shall be facilitated through unlimited legal correspondence, reasonable postage provided by the facility, and placing or receiving calls. Each youth shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and contact with attorneys. Youth shall be permitted phone contact with a parent or caregiver no less than once per week, unless the Superintendent determines there is a threat to the maintenance of facility order, treatment, or security. Calls may be monitored, except those calls to and from the youth's legal representative.

Interview with the facility manager: The facility allows 24/7 contact with attorneys and legal representation. There is no limited access to attorneys and legal representation. The residents get two phone calls per week with their parents/guardians. Visitation is three times per week. Zoom calls are offered, but no one has taken advantage of that resource.

Interview with the PREA compliance manager: There is no limit to the access that residents have with their attorney or legal representation. The residents can call, write letters, or have visits. The counselors initiate the call. Visits occur in the non-contact room. Residents get two calls per week with their parents or guardian. Visitation is three times per week. Residents who have earned the right to be gray shirt status get an extra call each week.

115.353 (a) - Corrective Action:

During the random residents' interviews most of the residents interviewed were aware that there were outside services but were not sure what or who they were. They knew that there were KASAP posters around the building but could not say the name of the agency that provided services for this area. Only two of the thirteen residents interviewed stated the services were for sexual abuse support or a rape crisis center. Five of the 13 stated they did not know what type of services they provided. The residents stated that there was information around the building if they needed to call. Two of the residents stated that they did not know when they could call these services. One resident stated that they could request to call them, but it might take a while to get the call. They all stated that they thought the call would be free. Three of the residents did not think the calls would remain private. Four of the residents did not think there would be any reason that someone would have to be told about the call. Ten of the residents stated the calls would remain private unless they were required to tell someone. The reason they gave was in case someone was being hurt.

The PREA compliance manager provided training acknowledgement forms that all 22 residents present at the facility on April 24, 2025, had been trained and signed that they received DJJ PREA Education regarding the Kentucky Association of Sexual Assault Programs (KASAP). The acknowledgement stated that while at Campbell Detention Center if the residents needed to speak with someone from KASAP it would be the ION Center for Violence Prevention and that the address and number could be found on the KASAP map located in the living unit. This evidence was provided on April 30, 2025.

Based upon review and analysis of the available evidence, the auditor has determined the agency, and the facility is substantially compliant with this standard regarding resident access to outside support services. Corrective action is complete.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Internal Investigations Website (IIB)
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- KASAP-DJJ MOU
- Memorandums
- Observations during on-site visit

Reasoning and analysis by provision: 115.354 (a)

PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp. 1 and 4): 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. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. DJJ shall provide a third party reporting mechanism for the public on the DJJ website and through the IIB hotline.

Internal Investigations Website (IIB): PREA - In 2012, federal regulations were adopted concerning the Prison Rape Elimination Act (PREA). The PREA regulations contain standards for reporting and investigating allegations of inappropriate sexual activity involving individuals confined to facilities operated by the Kentucky Department of Juvenile Justice (DJJ). If you would like to report an allegation concerning a juvenile in DJJ custody being the victim of inappropriate sexual activity call 800-890-6854.

Memorandum from the PREA compliance manager: There have been no incidents of a youth being at substantial risk of imminent sexual abuse during the audit period.

Memorandum from the Kentucky Department of Juvenile Justice: The Department of Juvenile Justice distributes information on how to report sexual abuse and sexual harassment on behalf of the residents we serve through a web site that is maintained by the agency. The information provided is the hotline number that is used by the agency which is a direct line to the investigating entity for the Department of Juvenile Justice. Additional information is provided via information flyers, brochures, posters, and facility resident handbooks that are made available to the public.

Observations during on site visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone numbers on third party reporting.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
☒ Yes ☐ No

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

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

115.361 (e)

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

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- 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, (effective 03/09/ 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 003 (PREA), DJJ Staff PREA Education and Training, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, (effective 12/01/2014)
- Campbell Regional Juvenile Detention Center Coordinated First Responder Plan
- Memorandum
- Interview with Facility Manager
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.361 (a)

PAQ: The agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 2): 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. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, (page 2): 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.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They stated all incidents are reported to the IIB hotline, or the Kentucky State Police, as well as to their supervisor.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, (page 2): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp. 1 and 2): The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on: how to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Memorandum from the PREA compliance manager: No youth has reported sexual abuse to our medical or mental health practitioners. Should a youth make a report to our medical and mental health practitioners, they would report it to the appropriate designated authorities and/or investigators.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 2): 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. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner.

Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to IIB, KSP, and/or their supervisor.

Reasoning and analysis by provision: 115.361 (d)

PAQ: Medical and mental health practitioners shall be 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. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews with medical and mental health staff: Medical and mental health staff that were interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They both stated they are required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to a designated

supervisor or official upon learning of it. They both stated they are required to report to the Internal Investigations Branch Hotline. There has not been an incident at Campbell Regional in which they had to make a report.

Reasoning and analysis by provision: 115.361 (e)

PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 3): The parent or caregiver and juvenile service worker (JSW) for the juvenile victim shall be notified by the Superintendent or designee of the PREA violation within twenty-four (24) hours; If a juvenile court retains jurisdiction over the victim, the Office of Legal Counsel shall report the allegation to the attorney of the juvenile or other legal representative within fourteen (14) days of the allegation.

Interview with facility manager: Anytime someone has been the victim of sexual abuse or sexual harassment, the facility is required to report the outcome of the investigation to them. This is done as soon as possible with parents, guardians, caseworkers and the court system.

Interview with PREA compliance manager: Legal makes the decision as to when the parents, guardians, caseworker and courts are notified. This is done as soon as possible. The facility can take up to 24 hours to notify the parents, guardian and caseworker. Legal will notify the court within 14 days.

Reasoning and analysis by provision: 115.361 (f)

PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

Interview with the facility manager All allegations of sexual abuse and sexual harassment are reported directly to the Internal Investigations Branch (IIB) and the Kentucky State Police. There are no facility investigators.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- 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, (effective 03/09/ 2018)
- Campbell Regional Juvenile Detention Center Coordinated Response Plan
- Interview with Agency Head
- Interviews with Random Staff
- Interview with Facility Manager

Reasoning and analysis (by provision): 115.362 (a)

PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

- In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (pp. 1 and 2): 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. 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.

Memorandum from PREA compliance manager: There have been no incidents of a youth being at substantial risk of imminent sexual abuse during the audit period.

Interview with agency head designee: When staff learn that a resident is subject to the risk of imminent sexual abuse, immediate action will be taken to remove the resident from any potential threats. Actions could include closer supervision, and even a transfer to another facility.

Interview with facility manager: Staff would separate the victim from the potential aggressor (staff or resident). The resident could be moved to another unit or transferred to another facility. A report is made to IIB. The expectation is that this occurs immediately.

Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and complete an incident report.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- 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, (effective 03/09/ 2018)
- Memorandum
- Interview with Agency Head Designee
- Interview with Facility Manager

Reasoning and analysis by provision: 115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): If a resident at a DJJ facility alleges sexual abuse occurred at a different DJJ facility, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The current Superintendent shall notify the Superintendent of the previous placement where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Notification shall be made immediately through the chain of command, but no later than twenty-four (24) hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR. If a resident at a DJJ facility alleges sexual abuse occurred at a private child caring facility, contracted facility, hospital, or any correctional facility, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and the Superintendent. The current Superintendent shall notify the agency head of the previous facility where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Both notifications shall be up-lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR. If a third party source contacts a facility and alleges that a current resident has been a victim of abuse, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The notification shall be up lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR.

Memorandum from PREA compliance manager: Although this process is in place, CRJDC has not received any allegations of sexual abuse, sexual harassment occurring at another facility. Shall we

receive a report of this happening in another facility it would be reported immediately but no later than 72 hours after we receive an allegation.

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): The current Superintendent shall notify the Superintendent of the previous placement where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Notification shall be made immediately through the chain of command, but no later than twenty-four (24) hours from the time the allegation was reported.

Reasoning and analysis by provision: 115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): The notification shall be documented in the juvenile's ICR.

Reasoning and analysis by provision: 115.363 (d)

PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): If a resident at a DJJ facility alleges sexual abuse occurred at a different DJJ facility, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The current Superintendent shall notify the Superintendent of the previous placement where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Notification shall be made immediately through the chain of command, but no later than twenty-four (24) hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR. If a resident at a DJJ facility alleges sexual abuse occurred at a private child caring facility, contracted facility, hospital, or any correctional facility, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and the Superintendent. The current Superintendent shall notify the agency head of the previous facility where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Both notifications shall be up-lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR. If a third party source contacts a facility and alleges that a current resident has been a victim of abuse, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The notification shall be up lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR.

Interview with agency head designee: The Internal Investigations Branch (IIB) is the designated point of contact for all investigations. They determine whether an investigation is warranted or if a referral is needed for a criminal investigation.

Interview with facility manager: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, IIB would be contacted, as well as the PREA Chain of Command. There are no examples of this occurring.

Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Campbell Regional Juvenile Detention Center Coordinated Response Plan
- Interview with Security First Responder
- Interview with Non-Security First Responder
- Interviews with Random Staff

Reasoning and analysis by provision: 115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

- - In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 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:
0

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 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 requested 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: 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 ensured 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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908. (page 2): 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. 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. 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: 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.

Campbell Regional Juvenile Detention Center Coordinated Response Plan: Provides the same information found in policy number 908, as well as an inventory list needed to secure the area and preserve the scene. It also includes a facility notification list that indicates who needs to be notified.

Interview with random staff: Four of the 14 random staff interviewed could describe the first responder plan. Ten of the staff interviewed stated they separate the youth and call for staff assistance and could not expand any further. One staff member mentioned that there was a PREA kit that they were supposed to use and follow the instructions provided.

Interview with Security First Responder: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by taping off the area and making sure nothing is touched. Make sure that the victim and the alleged perpetrator do not wash, go to the bathroom, or change their clothes. Contact everyone on the notification list such as IIB, Kentucky State Police, supervisors, and medical.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- 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: 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: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908. (page 2): 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. 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. 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: 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.

Interview with Non-Security First Responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything. Call for security to assist and follow the Coordinated Response Plan.

115.364 (a) – Corrective Action

During interviews with random staff the auditor noted that many of them could not explain the first responder plan or protocol. Four of the 14 random staff interviewed could describe the first responder plan. Ten of the staff interviewed stated they separate the youth and call for staff assistance and could not expand any further. One staff member mentioned that there was a PREA kit that they were supposed to use and follow the instructions provided.

The PREA compliance manager provided training rosters that required the participants signature, as well as signed acknowledgement forms as evidence on April 30, 2025, that 20 front line staff were given Phase 5 refresher training that addressed the protocol for first responders, responding to threats and acts, and scene protection. This training was conducted on April 23, 2025.

Based upon review and analysis of the available evidence, the auditor has determined the agency, and facility is substantially compliant with this standard regarding the first responder protocol. Corrective action is complete.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon to make determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Campbell Regional Juvenile Detention Center Coordinated Response First Responder Plan
- Interview with Facility Manager

Reasoning and analysis by provision: 115.365 (a)

PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908: 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. 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.

Campbell Regional Juvenile Detention Center Coordinated Response Plan: The written institutional plan documents the facility's coordinated response to an incident of sexual abuse. The plan outlines in detail the responsibilities of staff first responders, medical and mental health professionals, investigators, and facility leadership.

Interview with facility manager: The facility has a first responder plan and checklist that includes everyone that must be contacted from IIB, Kentucky State Police, supervisors, medical, and mental health. The plan includes responsibilities for all staff. The plan provides step by step instructions.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Memorandum
- Interview with Agency Head Designee

Reasoning and analysis by provision: 115.366 (a)

PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

Memorandum from Kentucky Department of Juvenile Justice: Pursuant to 28 C.F.R. 115.366 of the Federal Prison Rape Elimination Standard (PREA), please be advised that the Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. The KYDJJ does not allow an entity to restrict the department's ability to terminate an employee or remove 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.

Interview with agency head designee: The agency does not have collective bargaining agreements.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☐ Yes ☐ No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 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, (effective 03/09/ 2018)
- Memorandum
- Interview with Agency Head Designee
- Interview with Facility Manager

Reasoning and analysis by provision: 115.367 (a)

PAQ: The agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 3): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): 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.

Memorandum from PREA compliance manager: CRJDC has not had to monitor youth or staff for retaliation.

Interview with staff charged with monitoring retaliation: The staff member talks to the residents and/or staff member to ensure there are no issues. If there are concerns of retaliation, the victim can be separated, moved to another unit or even transferred to another facility. A recommendation for mental health counseling can be made.

Reasoning and analysis by provision: 115.367 (b)

PAQ: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): 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. 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).

Interview with agency head designee: The agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by monitoring for retaliation for 90 days. If needed, another workstation could be staffed, provide emotional support, and/or transfer to another facility within the agency.

Interview with facility manager: For allegations of sexual abuse and sexual harassment, retaliation is monitored and followed up on every 15 days up to 90 days or beyond if there is still a need.

Interview with staff charged with monitoring retaliation: If there are concerns of retaliation, the victim can be separated, moved to another unit or even transferred to another facility.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits changes that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. 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. Monitoring shall continue beyond ninety (90) days if any indication of retaliation is noted.

Interview with facility manager: Would look at any changes needed in programming or staffing. Any retaliation would be reported to IIB for an investigation.

Interview with staff charged with monitoring retaliation: Checks are conducted with the residents or staff every 15 days up to 90 days. A retaliation form is completed after each check in. Monitoring for retaliation can extend beyond the 90 days and will last as long as needed.

Reasoning and analysis by provision: 115.367 (d)

PAQ: In the case of residents, such monitoring shall also include periodic status checks.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits changes that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. 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.

Interview with staff charged with monitoring retaliation: Checks occur every 15 days.

Reasoning and analysis by provision: 115.367 (e)

PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): 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. 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).

Interview with agency head designee: If a resident or staff member expresses fear of retaliation, the agency would provide emotional support for them.

Interview with facility manager: If retaliation is suspected or the residents or staff express fear of retaliation, the facility would provide the services they need through mental health services. Any retaliation would be reported to IIB and there could be consequences if needed.

Interview with staff charged with monitoring retaliation: Protection measures could include being moved to another unit or even transferred to another facility, as well as closer supervision.

Findings: Based on the analysis, the facility substantially meets the provisions for this standard and corrective action is not required.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect an resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, (effective 03/09/2018)
- 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, (effective 03/09/ 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, (effective 04/05/2019)
- Memorandum

- Interview with Facility Manager
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.368 (a)

PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 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: 0
- The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (pp. 1 and 2): Staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, (pp. 1 and 4): Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. The Superintendent and Treatment Director, when on duty at the facility, shall visit each youth in isolation each day. The visit shall be documented in the observation log. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is needed more frequently. Any treatment provided shall be documented in the youth's Medical Record. Youth in isolation shall be afforded living conditions and privileges approximating those available to the general population including modified access to hygiene, recreation, educational, and treatment services taking into consideration the youth's safety needs.

Memorandum: The Department of Juvenile Justice does not use isolation for protective custody.

Interview with facility manager: The facility does not use isolation for victims of sexual abuse. If it was used, residents would only be isolated from others as a last resort when there were less restrictive measures and inadequate to keep them and others safe. If residents were to be placed in isolation, they would be moved as quickly as possible. There would be a formal review every two hours. If used, it would usually be less than two hours.

Interview with medical and mental health staff: The facility does not use isolation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

- Does the agency terminate investigations solely because the source of the allegation recants the allegation? ☐ Yes ☒ No

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside 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 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (effective 03/09/2018)
- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, (06/23/2020)
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, (effective 06/23/2021)
- Interview with Facility Manager
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp.1 and 2): 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. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment.

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 7): If a third party source contacts a facility and alleges that a current resident has been a victim of abuse, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), facility PREA coordinator, and superintendent. The notification shall be uplined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR.

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 4): This procedure establishes guidelines for Internal Investigations Branch (IIB) investigators for conducting investigations into allegations that meet the criteria under the Prison Rape Elimination Act (PREA). The Internal Investigations Branch will be responsible for conducting administrative investigations into all allegations of sexual abuse involving youth in the custody of the Department of Juvenile Justice (DJJ) or sexual harassment of a DJJ youth by staff. If the allegation is criminal in nature, the allegation shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred.

Interview with investigative staff: IIB investigates all PREA complaints. The Kentucky State Police and the county attorney are automatically notified if there is a criminal component to the case. IIB has 24 hours to contact the victim, however, the investigation starts immediately. IIB has 30 days to complete the investigation.

Reasoning and analysis by provision: 115.371 (b)

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 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

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 4): IIB shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution.

Interview with investigative staff: All IIB investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. All investigators have former law enforcement experience. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.371 (c)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001 (page 3): In allegations that indicate the youth may be in imminent danger, personal contact with the alleged victim (telephone contact acceptable) shall be

made within 24 hours. Allegations that do not indicate imminent danger to a youth shall be initiated within 72 hours from the receipt of the complaint. Preservation of evidence at the facility should be requested. Investigators shall document all actions taken the youth and to preserve the evidence.

Interview with investigative staff: The victim would be notified, and a personal one-on-one interview would take place at the facility within 24 to 72 hours based on the severity of the allegation. The facility would be asked to immediately preserve any evidence. All parties involved would be interviewed, any documentation and all video footage would be reviewed. Interviews would be in a private location. Would use a Garrity warning. IIB investigators do not have prosecuting authority. Photographs would be taken if there were injuries. Review forensic medical exams if they are conducted. If the investigator determines there was possible criminal activity, then law enforcement would be notified.

Reasoning and analysis by provision: 115.371 (d)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 3): The investigation shall not be terminated solely because the source of the allegation recants the investigation.

Interview with investigative staff: An investigation will not terminate if the source of the allegation recants his/her allegation. The case would continue to be fully investigated.

Reasoning and analysis by provision: 115.371 (e)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 1): If the allegation is criminal in nature, the allegation shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred. If a 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 administration investigation would not have a negative impact on the criminal investigation. IIB investigators shall provide any assistance or information to the criminal investigator except for that which would be prohibited by the Garrity v. New Jersey court case.

Interview with investigative staff: IIB would contact law enforcement and assist them. The IIB investigation would continue if it does not interfere with the criminal investigation. We would follow Garrity and not provide any compelled statements to law enforcement.

Reasoning and analysis by provision: 115.371 (f)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 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.

Interview with investigative staff: The credibility of an alleged victim, suspect, or witness will be assessed on the facts and any other evidence available. IIB does not, under any circumstances, require a resident who alleges sexual abuse to a polygraph test or truth telling devices as a condition for proceeding with an investigation.

There was no resident who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.371 (g)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (pp. 3 and 4): During the course of the investigation, an

effort shall be made to determine whether staff actions or failure to act contributed to the abuse (lack of supervision). Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001 (pp.6 and 7): The investigation shall be completely documented in the final written report. Investigators shall document all the action they took in the investigation in the chronology section of the report. If there is a video that is relevant to the investigation, the investigator shall chronicle the video contents in a narrative in the investigation report. Witness interviews shall be documented and listed in the order the interviews were conducted. Investigators shall complete a synopsis of each interview conducted. Any documents reviewed in the investigation which are pertinent to the case, shall be documented and if copies are submitted, they should be noted in the form of attachments. If physical evidence is obtained while conducting an investigation, the investigator should complete IIB-8-Property & Evidence Custody. Evidence will be stored in a secured location within IIB under dual signature control.

Interview with investigative staff: The investigator makes every effort to determine whether staff actions or failures to act contributed to sexual abuse. Staff actions and responsibilities are part of the investigation. All investigations are documented in written reports. Investigation reports are in chronological order and include timelines, video footage, interview reports, any attachments and a summary of the investigation.

Reasoning and analysis by provision: 115.371 (h)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001 (pp.6 and 7): The investigation shall be completely documented in the final written report. Investigators shall document all the action they took in the investigation in the chronology section of the report. If there is a video that is relevant to the investigation, the investigator shall chronicle the video contents in a narrative in the investigation report. Witness interviews shall be documented and listed in the order the interviews were conducted. Investigators shall complete a synopsis of each interview conducted. Any documents reviewed in the investigation which are pertinent to the case, shall be documented and if copies are submitted, they should be noted in the form of attachments. If physical evidence is obtained while conducting an investigation, the investigator should complete IIB-8-Property & Evidence Custody. Evidence will be stored in a secured location within IIB under dual signature control.

Interview with investigative staff: Criminal investigations are documented by the Kentucky State Police or the law enforcement agency that completes the investigation. Those reports include descriptions of physical, testimonial, documentary evidence and any attachments.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 2): DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases.

Interview with investigative staff: Referrals are made to law enforcement when it is determined that the allegation is criminal in nature. Sexual abuse allegations that are substantiated are referred to law enforcement and we work with them in providing what evidence we have outside of Garrity. Compelled interviews are not shared.

Reasoning and analysis by provision: 115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp 3 and 4): All case records associated with claims of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling shall be retained in accordance with the records retention schedule.

There were no reports to review, due to the facility not having allegations of sexual abuse or sexual harassment in the past 12 months.

Reasoning and analysis by provision: 115.371 (k)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, (page 3): 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.

Interview with investigative staff: An investigation is not terminated when an employee terminates their employment. IIB will still try and track them down and attempt to conduct an interview and obtain a statement. The same applies when a victim alleging sexual abuse or sexual harassment leaves the facility. IIB will try and find them to conduct an interview and at least get a statement.

Reasoning and analysis by provision: 115.371 (m)

Interview with facility manager: The facility manager reports on the progress of the case from IIB. It is the same process with the Kentucky State Police.

Interview with agency PREA coordinator: IIB communicates through email with the facility manager. They provide a report to those who need it at the end of the investigation.

Interview with PREA compliance manager: The facility manager is the point of contact and gets all the reports.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA (PAQ) Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-01, (effective 06/23/2020)
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.372 (a)

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, (page 7): Investigators shall make a finding to the investigation of the incident. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). (PREA 115.372) The findings are defined as follows; (PREA 115.5) 1. Substantiated means the incident occurred proven by an admission of the person responsible or by the preponderance of the evidence. 2. Not Substantiated- means there is insufficient evidence to determine if an incident occurred or if the accused was involved in the incident. 3. Exonerated- means the incident occurred, but the accused's actions were justified or proper. 4. Unfounded means the charges are false or the offender was not involved in the incident. 5. Pending Further Investigation- means a critical witness or offender cannot be located or refuses to cooperate with the initial investigation, or there is other interference with the investigation, beyond the control of IIB, that prevents IIB from making a final determination for its finding.

Interview with investigative staff: Confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. When there is evidence that a prosecutable crime

has taken place, the IIB consults with prosecutors before conducting compelled interviews. The standard of evidence that IIB uses is the preponderance of evidence.

Findings: Based on this analysis, the facility substantially exceeds the provision of this standard and corrective action is not needed.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into an 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 ☐ No ☐ NA

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (effective 03/09/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, (effective 04/05/2019)
- Memorandums
- Interview with Facility Manager
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.373 (a)

PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she

suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

- 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: 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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): 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).

Memorandum: The Kentucky Department of Juvenile Justice does not conduct its own investigations of sexual abuse or sexual harassment. Investigations into these matters are conducted by outside agencies.

Interview with facility manager: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, there would be a report and the resident that made the allegation would be notified of the outcome.

Interview with investigative staff: The outcome is provided to the Department of Juvenile Justice, and the residents are notified in writing.

Reasoning and analysis by provision: 115.373 (b)

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): 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).

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has

been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): If the alleged abuser is a staff member, DJJ shall inform the resident victim (unless the agency has determined that the allegation is unfounded) when: the staff member is no longer posted within the residents unit; the staff member is no longer employed at the facility; or DJJ learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): If the alleged abuser is another resident, DJJ shall inform the resident victim when: DJJ learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility; or the abuser has been moved to another program or facility.

Memorandum from PREA compliance manager: CRJDC has not had any instances of staff on resident sexual abuse, therefore there are no notifications to residents on the matter.

There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0
- Of those notifications made in the past 12 months, the number that were documented: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): All notifications or attempted notifications shall be documented in the youth's individual client record (ICR).

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/ 09/2018)
- 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, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations, (effective 12/01/2014)
- Memorandum

Reasoning and analysis by provision: 115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 1): 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. 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.

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, (page 4): Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

Reasoning and analysis by provision: 115.376 (b)

PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 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: 0

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, (page 4): Staff

shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

Memorandum from PREA compliance manager: CRJDC has had no claims or reports of sexual abuse during the audit period. Therefore, there have been no terminations, resignations, or other sanctions for violations of sexual abuse or harassment.

Reasoning and analysis by provision: 115.376 (c)

PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

- 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 (other than actually engaging in sexual abuse): 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, (page 3): 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, (page 3): All Requests for Disciplinary Action shall: include a detailed account of each work guideline violation; contain all supporting documentation that supports the management contention that work guideline violations occurred; include a complete listing of any previous disciplinary actions that have been taken against the staff; include a complete listing of any current or completed documented verbal conferences and PIPs for the violating staff; and include a written statement provided by the violating staff regarding the request for discipline.

Reasoning and analysis by provision: 115.376 (d)

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

- In the past 12 months, the number of staff from the facility that 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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 1): 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. 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.

Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not needed.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/ 09/2018)

- Memorandums
- Interview with Facility Manager

Reasoning and analysis by provision: 115.377 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

- In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (pp. 1 and 2): 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. 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 shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 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.

Memorandum from PREA compliance manager: CRJDC has had no claims or reports of sexual abuse of residents by contractors or volunteers during the audit period.

Reasoning and analysis by provision: 115.377 (b)

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 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 shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 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.

Interview with facility manager: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, remedial measures would be taken, and they would not be allowed to be on the campus.

Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not needed.

Standard 115.378: Disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that an resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, do agencies deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No
- Do agencies require participation in such interventions as a condition to access general programming or education? ☒ Yes ☐ No

115.378 (e)

- Does the agency discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/ 09/2018)
- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, DJJ Response to a Report of a PREA Violation, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, (effective 04/05/2019)

- Memorandum
- Interview with Facility Manager
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on resident sexual abuse that have occurred at the facility: 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: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, (pp. 2 and 3): Youth charged with major rule violations shall be afforded due process, including the right to appeal. 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (page 3): Each YDC treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, (pp. 1 and 2): Department of Juvenile Justice (DJJ) programs shall use a range of graduated responses, sanctions, and incentives to reward, motivate, or establish consequences for youth behavior. The use of mechanical restraints, the denial of meals, snacks, or changes in the established menus, and the interference with daily functions of living, such as eating or sleeping shall be prohibited as punitive consequences. Sanctions shall: 1. Be used when dealing with unacceptable behavior; and 2. Be natural, logical, and appropriate to the youth's age, functioning, maturity level, and the behavior for which the youth is being disciplined.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, (page 1): When there is evidence or allegations that a youth has committed a

major rule violation, a disciplinary review shall be scheduled with the treatment team. The shift supervisor or Administrative Duty Officer (ADO) shall initiate an investigation within twenty-four (24) hours of the occurrence of an alleged major rule violation. The investigation shall be completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation. Violation of a major rule shall require the issuance of a penalty slip to the youth within twenty-four (24) hours of the infraction or within twenty-four (24) hours once staff becomes aware of the alleged infraction. The penalty slip shall document the alleged violation and any immediate sanctions taken by staff.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp. 3 and 4): 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. Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP).

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- 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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (pp. 1 and 2): Staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, (pp. 1 and 4): Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. The Superintendent and Treatment Director, when on duty at the facility, shall visit each youth in isolation each day. The visit shall be documented in the observation log. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is needed more frequently. Any treatment provided shall be documented in the youth's Medical Record. Youth in isolation shall be afforded living conditions and privileges approximating those available to the general population including modified access to hygiene,

recreation, educational, and treatment services taking into consideration the youth's safety needs.

Interview with facility manager: When disciplinary sanctions are used following an administrative or criminal investigation finding the resident engaged in resident on-resident sexual abuse they are proportionate to the nature and circumstances of the abuse, disciplinary history, and sanctions used for similar offenses by other residents. The resident's mental health is considered when determining sanctions. In the case of a criminal investigation, outside charges are possible. The residents could have a loss of privileges or even be sent to a higher-level security facility. The facility does not use isolation for sexual abuse or sexual harassment.

Reasoning and analysis by provision: 115.378 (c)

PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interview with facility manager: The resident's mental health is considered when determining disciplinary sanctions.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 3): 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. 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.

Interviews with medical and mental health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for the offending residents. Services offered to victims are within 72 hours and services offered to the alleged perpetrator is usually immediate or within a few hours. This is done with the local mental health provider. A resident's participation is not a condition of any rewards-based behavior management system. It is also not a condition for any programming or education.

Reasoning and analysis by provision: 115.378 (e)

PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Memorandum from PREA compliance manager: CRJDC has had no substantiated reports of sexual abuse during the audit period. Therefore, there have been no disciplinary actions against a youth for sexual conduct with staff.

Reasoning and analysis by provision: 115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based

upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 3): 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.

Reasoning and analysis by provision: 115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 1): 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.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.381 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, Health and Safety Services, Medical Records, (effective 11/04/2020)
- Interviews with Medical and Mental Health Staff
- Interview with Staff That Performs Risk Screening

Reasoning and analysis by provision: 115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening

pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 2): 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 days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, (page 1): 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.

Interview with staff that performs risk screening: A follow up meeting with a medical and/or health practitioner is offered to all the residents, regardless of prior sexual victimization. None of the residents have every wanted one. If a resident stated they wanted or needed a follow-up, the referral would be right away.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 2): 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 days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, (page 1):(page 1): 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.

Interview with staff that perform risk screening: If the screening indicates that a resident previously perpetrated sexual abuse, a follow up meeting with mental health and medical is offered right away.

Reasoning and analysis by provision: 115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, (pp 1 and 2): The Medical Record shall be maintained separately from the youth's Individual Client Record while at the program. The registered nurse (RN) or, in programs without a full-time RN, a health trained designee shall be responsible for the maintenance of the Medical Record. The Medical Record shall be marked as confidential, and secured unless in use. 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.

Observation during site review: All confidential records are securely locked or stored electronically.

Reasoning and analysis by provision: 115.381 (d)

PAQ: 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.

(KRS) 600.030: Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. Nothing in this section shall relieve individuals of their obligations to report.

Interviews with medical and mental health staff: All residents in custody or care of DJJ are made aware that the staff, including medical and mental health, have the duty to report. The youth sign a release of information, and this information is provided to them at that time.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, (effective 10/05/2018)
- Medical Services Provider Letter
- Memorandum
- Interviews with Medical and Mental Health Staff
- Interviews with Security and Non-Security First Responders

Reasoning and analysis by provision: 115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical

treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, (page 1): Youth Workers and other personnel shall be trained to respond to a health-related situation within a four-minute response time. Access shall be provided to emergency medical and dental care 24 hours a day.

Interviews with medical and mental health staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. If these services are needed, they are immediately accessible.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.382 (b)

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with security and non-security Responders. The victim and alleged perpetrator are separated. The scene is preserved and notifications to the IBB, Kentucky State Policy, supervisors, medical and mental health are made.

Reasoning and analysis by provision: 115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are 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.

Interviews with medical and mental health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The facility and practitioners provide as much information as needed. but services or treatment at usually done at the hospital.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.382 (d)

PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical Services Provider Letter: The Department of Juvenile Justice (DJJ), Fiscal Branch is responsible for payment for services rendered to a child who is committed to the Department, if the child does not have Medicaid or private insurance coverage. DJJ will pay for those services at the same rate and according to KY Medicaid's most recently published fee schedule.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

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

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☐ Yes ☒ No

115.383 (h)

- If the facility is a prison, does it 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? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/ 2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Access to Treatment and Continuity of Care, (effective 11/04/2020)
- The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 416.1 Infection Communicable Disease (effective 10/05/2018)
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.383 (a)

PAQ: The facility offers 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 2): Upon return from emergency medical services to the facility, the juvenile

victim shall be evaluated by the Regional Psychologist or Treatment Director for appropriate counseling or treatment needs.

Reasoning and analysis by provision: 115.383 (b)

PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, (page 1): All Department of Juvenile Justice (DJJ) programs shall provide for continuity of care from admission to discharge, including referral to community care when indicated.

Interviews with mental health staff: Evaluation and treatment for residents who have been victimized would include further evaluations such as a clinical interview, mental status exam and evaluation, follow-up services, referrals, update treatment plans if needed and provide additional services as needed.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (c)

Interviews with medical and mental health staff: Medical and mental health services are consistent with community level of care.

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 416.1, (page 3): When youth are suspected of being in a situation involving a high risk of exposure to an infectious communicable disease, they shall submit to testing deemed necessary by the facility physician and the Medical Director.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical Services Provider Letter: The Department of Juvenile Justice (DJJ), Fiscal Branch is responsible for payment for services rendered to a child who is committed to the Department, if the child does not have Medicaid or private insurance coverage. DJJ will pay for those services at the same rate and according to KY Medicaid's most recently published fee schedule.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed

appropriate by mental health practitioners.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 3): 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.

Interviews with mental health staff: Mental health staff conduct a mental health evaluation of all known residents-on-resident abusers and offers treatment if appropriate. This is conducted after the victim and scene are secured.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09.2018)
- Memorandums
- KDJJ PREA Debrief Process
- Interview with Facility Manager

- Interview with PREA Compliance Manager
- Interview with Sexual Abuse Incident Review Team Member

Reasoning and analysis by provision:115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

- 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: 0

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, (pp 1 and 2): The superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the facility PREA coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation; Prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the agency PREA coordinator; consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; assess if the area of the facility where the incident occurred attributed to the abuse; assess the adequacy of staffing levels; assess the need for change in video monitoring or additional equipment; and review the findings of the investigation. The superintendent or designee shall report the review team findings, along with recommendations for improvement, to the regional director and the agency PREA coordinator. 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. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The agency PREA coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the department. The agency PREA coordinator shall conduct an annual meeting for the commissioner and executive staff to discuss PREA related matters regarding the department. The agency PREA coordinator shall compile an annual data report that shall be made available to the public.

Reasoning and analysis by provision:115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- 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

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, (page 1): The superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the facility PREA coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: conduct the review conference within

thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Interview with facility manager: The facility has a sexual abuse review team. It is a multi-disciplinary team made up of supervisory staff, PREA compliance manager, counselors, first responders, as well as medical and mental staff, Ombudsman, and upper management.

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

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, (page 2): The review team shall prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the agency PREA coordinator; consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; assess if the area of the facility where the incident occurred attributed to the abuse; assess the adequacy of staffing levels; assess the need for change in video monitoring or additional equipment; and review the findings of the investigation. The superintendent or designee shall report the review team findings, along with recommendations for improvement, to the regional director and the agency PREA coordinator. 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. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The agency PREA coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the department. The agency PREA coordinator shall conduct an annual meeting for the commissioner and executive staff to discuss PREA related matters regarding the department. The agency PREA coordinator shall compile an annual data report that shall be made available to the public.

Interview with facility manager: The facility uses information from the sexual abuse incident review team to review all areas that may present limitations, staffing issues or needing improvement. The team does a debrief and develops a corrective action.

Interview with PREA compliance manager: The facility consists of upper management. There has not been an incident so there has not been a meeting of the incident review team. If there was, a report would be prepared and would be maintained. It would include areas of improvement, policy or procedural changes, or need for implementation.

Interview with Sexual Abuse Incident Review Team Member: The team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team would obviously check to make sure there were no obstructed views or blind spots. There are very few blind spots in the facility. The team would look at staffing and scheduled to make sure that the shifts are covered. This is already monitored daily.

Reasoning and analysis by provision: 115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

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, (page 2): The superintendent or designee shall report the review team findings, along with recommendations for improvement, to the Regional Director and the Agency PREA Compliance Officer or designee.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- 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, (effective 03/09/2018)
- 2023-2024 Survey of Sexual Victimization SSV-5 and SSV-IJ

Reasoning and analysis by provision: 115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (pp 1 and 2.): 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. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Compliance Officer to determine statistical data and information required for annual federal reporting purposes regarding PREA. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized

instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument, The Agency PREA Coordinator requests incident based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (page 1.): 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.

Reasoning and analysis by provision: 115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (page 2.): The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department.

All data from the previous calendar year to the Department of Justice as requested each year.

Reasoning and analysis by provision: 115.387 (f)

PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 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, (effective 03/09/2018)
- Agency Annual Reports
- Interview with Agency Head Designee
- Interview with Agency PREA Coordinator

- Interview with PREA Compliance Manager

Reasoning and analysis by provision: 115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (pp 1 and 2): 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. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The Agency PREA Compliance Officer shall compile an annual data report that shall be made available to the public.

Interview with agency head designee: The agency debriefs incidents to identify any needed changes or improvements. The agency will look and determine if policy revisions are needed. The agency will look at ways to prevent these incidents from happening in the future.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. This is done through the Ombudsman's Office. They collect the data, maintain spreadsheets, receive any monthly grievance reports, and do corrective action as needed. The agency prepares an annual report of its findings and data review from any corrective actions for each facility, and the agency. There has been no corrective action.

Interview with PREA compliance manager: The facility collects and provides the requested data to the agency PREA coordinator.

Reasoning and analysis by provision: 115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual reports are approved by the agency head. The Agency Head/Designee and Agency PREA Coordinator 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.

Reasoning and analysis by provision: 115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Interview with agency head designee: Annual reports are approved by the Commissioner.

Reasoning and analysis by provision: 115.388 (d)

PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Interview with agency PREA coordinator: Personal information is redacted. The agency posts PREA Audit Reports on the agency's website.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Evidence relied upon in making determination of compliance:

Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- 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, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, (effective 12/01/2014)
- Kentucky Ombudsman Website
- Kentucky Department of Juvenile Justice, Records Retention Schedule
- Interview with Agency PREA Coordinator

Reasoning and analysis by provision: 115.389 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, (page 3): 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.

Reasoning and analysis by provision: 115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (page 2): The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The Agency PREA Compliance Officer shall compile an annual data report that shall be made available to the public.

A review of the Kentucky Department of Justice website noted the publication of all PREA Final Audit Reports.

A review of the Kentucky Ombudsman website noted the publication of several audit reports.

Interview with Agency PREA Coordinator: The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response program. This is done through the Ombudsman's Office. They collect the data, maintain spreadsheets and do corrective action as needed. The Department of Juvenile Justice has not had any corrective action.

Reasoning and analysis by provision: 115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

There was no personal identifying information on any of the reports posted online and reviewed by the auditor.

Reasoning and analysis by provision: 115.389 (d)

PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Kentucky Department of Juvenile Justice, Records Retention Schedule: Agency records may be subject to fiscal, compliance or procedural audit. If an agency should maintain records longer than the approved retention period, as may be the case with some federal audits, then all affected records should be retained until the audit has been completed and the retention period met. In no case should records that are subject to audit be destroyed until the audit has been completed and retention periods met, or the records have been officially exempt from any audit requirements. Series may contain: Name/ address of planning agency, contact person, statistical data on number and types of facilities evaluated, statistical data on juveniles such as number of accused status offenders, non-offenders held for more than 24 hours, number of adjudicated offenders, number of offenders held in secure facility, extent of noncompliance, violations of state law, other statistical data by category of juvenile. Retain for five (5) years, then transfer to the State Archives Center for permanent retention.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Research
- Policy Review
- Document Review
- Observations during onsite review of facility

Reasoning and analysis:

The auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) website at <http://djj.ky.gov/pages/prea.aspx> containing the seventy-seven (77) audit reports for audits completed between 2015 and 2024. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Campbell Regional Juvenile Detention Center PREA audits were conducted in 2015, 2018, and 2021. The current audit of Campbell Regional Juvenile Detention Center was conducted in year three of Audit Cycle 4.

The auditor was given access to, and the ability to observe, all areas of Campbell Regional Juvenile Detention Center and the entire campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence relied upon in making the determination compliance:

- Kentucky Department of Juvenile Justice, Campbell Regional Juvenile Detention Center Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Policy Review
- Documentation Review

Reasoning and analysis (by provision): 115.403 (f):

The auditor observed the 2015, and 2018 Campbell Regional Juvenile Detention Center PREA Audit Reports are published on the agency's website at <https://djj.ky.gov/PREA/Pages/default.aspx>. The PREA final reports were published within 90 days after the final report was issued by the auditor. The 2021 audit report was not posted. The PREA coordinator provided the auditor with a copy of the audit. They stated this was an apparent oversight and were not aware of why it was not posted.

Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Rosa L. Webb

05/16/2025

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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