

PREA Facility Audit Report: Final

Name of Facility: Frenchburg Group Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/04/2025

Auditor Certification

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.



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



Auditor Full Name as Signed: Rosa L. Webb

Date of Signature: 04/04/2025

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 02/18/2025

End Date of On-Site Audit: 02/19/2025

FACILITY INFORMATION

Facility name: Frenchburg Group Home

Facility physical address: 158 Shermill Lane, Denniston, Kentucky - 40316

Facility mailing address:

Primary Contact

Name:	DeAnna Adkins
Email Address:	deanna.adkins@ky.gov
Telephone Number:	6067683107

Superintendent/Director/Administrator	
Name:	Dustin Heitzman
Email Address:	dustinc.heizman@ky.gov
Telephone Number:	6067683107

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

Facility Health Service Administrator On-Site	
Name:	Jamie Wagner
Email Address:	jamie.wagner@ky.gov
Telephone Number:	5027640138

Facility Characteristics	
Designed facility capacity:	8
Current population of facility:	8
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	10-17
Facility security levels/resident custody levels:	2
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

Agency Chief Executive Officer Information:	
Name:	Randy White, Commissioner

Email Address:	Randy.White@ky.gov
Telephone Number:	502-573-2738

Agency-Wide PREA Coordinator Information			
Name:	Amy Keys	Email Address:	amyr.keys@ky.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
4	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.331 - Employee training • 115.341 - Obtaining information from residents • 115.372 - Evidentiary standard for administrative investigations
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-18
2. End date of the onsite portion of the audit:	2025-02-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pathways, Inc. Kentucky Association of Sexual Assault Programs

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	8
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	In a review of residents records, there was no identifying information to confirm anyone being vulnerable or at risk.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	14
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
33. 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:	In the past twelve months, there has been one volunteer and on contractor trained on PREA.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor interviewed all five residents that were placed at the facility on the first day of the site visit.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<div> <input type="radio"/> Yes </div> <div> <input checked="" type="radio"/> No </div>

37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only five residents in the facility at the time of the on site visit. The auditor interviewed all five.
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All five residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No addition comments.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	9
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>

<p>53. Select the reason(s) why you were unable 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 checked="" 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</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor was provided a roster on the first day of the onsite audit. The auditor interviewed all staff scheduled to work on each shift during the two days of the onsite audit. There were nine random staff scheduled to work at the facility during the on site visit.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Staff
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	Some staff members were interviewed more than once due to their duties and responsibilities covering more than one specialized area.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
69. 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>The auditor had access to all areas and buildings of the facility. 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 had informal, conversations with residents and staff. The auditor observed the camera system 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 (Pathways, Inc.) • Third-Party Reporting (calling the number provided on the posters)
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
70. 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?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No

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

The auditor reviewed documents for staff that were interviewed. Documents reviewed included personnel and training records. The auditor reviewed documents for residents that were interviewed and some additional historical documents for the 12-month audit period. Documents reviewed included intake records, resident education, and risk screening instruments (initial and reassessment). There were no barriers to receiving any documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

There were no reported allegations of sexual abuse in the past 12 months. There were no sexual abuse investigation files to review.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. 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 harassment investigation files to review.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment in the past 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Corrections Consulting Services LLC

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> Frenchburg Group Home PREA Audit 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 Department of Juvenile Justice, (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 900, Definitions, (effective 09/05/2023) 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) Frenchburg Group Home

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)
- Frenchburg Group Home Facility Organizational Chart (effective 09/11/2024)
- 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 Frenchburg Group Home Standard Operating Procedures 900 and 901 outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies includes 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. 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. Each DJJ superintendent shall designate a facility PREA coordinator to train facility staff, interns, volunteers, and contractors and manage facility compliance with the PREA standards.

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, basement, recreation room, both living rooms, and in all common areas.

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

	<p>structure.</p> <p>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.</p> <p>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 was 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.</p> <p>Reasoning and analysis by provision: 115.311 (c)</p> <p>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 position of the PREA compliance manager is in the organizational structure.</p> <p>Interview with the Facility PREA Coordinator/Compliance Manager: The social service worker I is designated as the facility's PREA coordinator. This position is highlighted and designated on the facility organizational chart. The facility PREA coordinator, oversees the facility's efforts to comply with the PREA standards further and has indicated they have enough time to manage all of the PREA related responsibilities. When they identify any compliance issues, they inform and processes any issues with the facility superintendent and the agency PREA coordinator.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit 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 placements: 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.

	<ul style="list-style-type: none"> • 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 <p>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</p> <p>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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit 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) • Frenchburg Group Home staffing plan (effective 10/20/2024) • Frenchburg Group Home staff meeting minutes, (dated 10/ 30/2024) • Frenchburg staffing plans for 2022, 2023 and 2024 • Memo of clarification • Frenchburg Group Home daily schedules for 2024

- Frenchburg Group Home shift reports for 2024
- Unannounced facility visit (rounds) form and logs dated 2024
- Interview with Facility Director
- Interview with Facility PREA Coordinator/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 ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- The average daily number of residents in the past 12 months: 5
- The average daily number of residents on which the staffing plan was predicated: 8

Frenchburg Group Home Staffing Plan 2024-2025: The auditor reviewed the staffing plans for 2022, 2023, and 2024. The auditor observed the plans are 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 plans 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 plans are well documented and provide for adequate levels of staffing.

Frenchburg Group Home Staff Meeting Minutes: documents that the facility PREA coordinator/compliance manager went over the staffing plan development in detail.

Interview with Facility Director: Staffing plan is completed annually or if there are any facility changes that need to be addressed as part of the plan. When developing the plan, the facility considers all 11 of the requirements outlined in the standard. The facility checks for compliance with the plan by monitoring the scheduling, conducting daily camera checks and conducting unannounced rounds.

Interview with Facility PREA Coordinator/Compliance Manager: When developing the plan, the facility considers all 11 of the requirements outlined in the standard. The facility recently went from a residential group home to an alternative to detention program. The facility reviews the staffing plan to see how the programs compare and how the new program works into the staffing plan. If there are any findings that need to be addressed, the facility has a management meeting to make any changes or amend the staffing plan.

Reasoning and analysis by provision: 115.313 (b)

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

Memo of clarification from facility director: Frenchburg Group Home hasn't deviated from the staffing plan during this audit year period.

Interview with Facility Director: The facility director stated that the facility has not had any time when they did not meet the current staffing plan.

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: 0
- 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.

Frenchburg Group Home staffing plan 2024-2025: Shifts are planned to be staffed with a 3:8 ratio of staff to youth. When staffing runs low, however, the facility tends to drop closer to a 2:8 ratio, with the main PREA guideline ratio being a 1:8. There have been no deviations in the past 12 months.

Frenchburg Group Home daily schedules for 2024: The auditor reviewed the daily schedules for the 2024 calendar year and found the facility to be in compliance with the 1:8 during waking hours and 1:16 during sleeping hours ratios.

Frenchburg Group Home shift reports for 2024: The auditor reviewed the shift reports for the 2024 calendar year and found the facility to be in compliance with the 1:8 during waking hours and 1:16 during sleeping hours ratios.

Interview with the Facility Director: The facility director stated that ratios are 1:8 waking and 1:16 sleeping. There are always two staff on duty regardless of the

staffing ratio.

Observations made during the site review: The auditor observed all areas where residents were present and found them to be in compliance with the required staffing ratios. Staff were visible in the facility and were supervising the residents when they returned from school.

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.

Frenchburg staffing plans for 2022, 2023 and 2024: The auditor reviewed the staffing plans. The plans are completed at least annually.

Interview with the Facility Director: The facility director stated that the staffing plan is completed annually or more if there are any facility changes that need to be addressed as part of the plan. Video monitoring is done randomly on a daily basis. The staffing plan is documented in the facility's office as a paper file and it is also stored electronically.

Interview with the Facility PREA Coordinator/Compliance Manager: The plan is reviewed and updated annually. A management meeting is 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 Frenchburg Group Home Standard Operating Procedures number 910, (page 2): The Superintendent or management designee shall visit the facility at least once per week outside of normal business hours. These visits shall be planned and coordinated to observe facility operations.

Unannounced facility visit (rounds) form and logs dated 2024: The auditor reviewed the unannounced forms and log book 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: The youth worker supervisor stated that he and the facility director conduct the unannounced rounds. He stated they are documented in the log book, rounds folder and shift reports. Staff is not notified because the supervisor or facility director just show up and don't let anyone know they are coming.

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Kentucky Department of Juvenile Justice (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 325, Searches, (effective 09/07/2021) • Kentucky Department of Juvenile Justice (KUDJJ) Frenchburg Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, (effective 09/07/2021) • 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) • 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. • Staff Training Records • Memorandum of Clarification from facility director, (effective 12/28/2024) • Staff training acknowledgement forms • Interviews with nine random staff • Interviews with five random residents • Observations from site review <p>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:</p> <ul style="list-style-type: none"> • The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 <p>KYDJJ Frenchburg Group Home Standard Operating 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</p>

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.

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 shall not conduct cross-gender strip searches or cross-gender visual body cavity searches.

Interviews with nine random staff: All nine staff stated that there 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

KYDJJ Frenchburg Group Home Standard Operating 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 hand held 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 hand held metal detector scan shall be the same gender as the youth.

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

Interviews with nine random staff: All nine staff stated that there 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 when they returned from school. These were both pat-down searches and the use of a metal detection wand. There is only one female staff employed at the facility.

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.

KYDJJ Frenchburg Group Home Standard Operating 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.

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 of Clarification from facility director: Frenchburg Group Home allows all youth to shower, perform bodily functions, and change clothing without being viewed by any other persons. Residents must perform all of these within single person bathrooms. Bathrooms have individual doors and are not viewed by any video monitoring. Staff monitor the hallway outside the bathrooms to ensure only one resident enters at a time and the doors are closed properly to provide privacy.

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

Interviews with nine random staff: All nine staff interviewed stated that the one female staff member in the facility always announces her presence in any area where the males are located. All nine staff stated residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Residents must dress, shower and use the toilet in the assigned single bathrooms with the door closed.

What was observed as part of the systematic review of evidence:

Observations made during the site review: The residents are able to dress, shower and use the toilet in the privacy of a single bathroom with the door closed. 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 Frenchburg Group Home Standard Operating Procedures number 912, (page 3): DJJ staff shall not search or physically examine a transgender or intersex juvenile resident for the sole purpose of determining the resident's genital status.

Interviews with nine random staff: All nine 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 Frenchburg Group Home 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.

	<p>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.</p> <p>Staff Training Records: All 14 current staff have received the cross-gender search training, as well as conducting searches of transgender and intersex residents.</p> <p>Interviews with nine random staff: All nine 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 nine (9) stated they had received the training when they were initially hired and during annual refresher training.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	--

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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, Frenchburg Group Home Orientation Handbook in English and Spanish

- Interview with Agency Head Designee
- Interviews with nine 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. She stated that interpreter services are available through the telephone.

During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing.

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, resident 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 was used.

Observations during site review: The auditor called the language services line and confirm that they provide services to the residents at the group home 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

KYDJJ Frenchburg Group Home Standard Operating Procedures number 907, (page 3): 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 nine random staff: All nine 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 nine 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.
--	---

115.317	Hiring and promotion decisions
----------------	---------------------------------------

	Auditor Overall Determination: Meets Standard
--	--

	Auditor Discussion
--	---------------------------

	Evidence relied upon in making determination of compliance:
--	--

- | | |
|--|---|
| | <ul style="list-style-type: none">• Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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• 2024 Five year background check spreadsheet• Email approval of staff completed initial and within every five year background checks• 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: Three new employees were 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.

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.

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: 3

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.

Review of personnel files of employees hired in the past 12 months: The auditor reviewed the files of the three 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: All employees, volunteers and contractors receive criminal background checks, as well as child abuse registry checks. The facility HR staff sends all the paperwork to central office and they ensure all the background checks are completed.

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: 1

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 and contractors receive criminal background checks, as well as child abuse registry checks. The facility HR staff sends all the paperwork to central office and they ensure all the background checks are completed.

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.

2024 Five year background check spreadsheet: The auditor reviewed the 2024 five year background check spreadsheet and confirmed that background checks are occurring every five years for all employees at Frenchburg Group Home.

Email approval of staff completed initial and within every five year background checks: The auditor reviewed the email from central office HR and confirmed that there is a process to ensure initial and five year background checks are completed.

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 but can be completed sooner.

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.

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.

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.

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 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

	<p>pursuant to KRS 610.340(1)(a).</p> <p>Interview with Administrative (HR) staff: Confirmed that the agency provides the information as requested.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	--

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none">• Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)• Kentucky Department of Juvenile Justice -Frenchburg Group Home Building Schematic• Memorandum of clarifications• Email requesting an update to the camera monitoring system (effective 05/08/2024)• Interview with Agency Head Designee• Interview with Facility Director <p>Reasoning and analysis by provision: 115.318 (a)</p> <p>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.</p> <p>Memorandum of clarification: Frenchburg Group Home has not had any new renovation, modification, or expansion during this audit year period.</p> <p>Interview with Agency Head Designee: When designing, acquiring or planning substantial modifications to facilities, the agency does an area study and takes into account 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.</p> <p>Interview with Facility Director: There has not been any substantial expansions or modifications to the facility since the last audit, other than the cameras being upgraded.</p>

	<p>Reasoning and analysis by provision: 115.318 (b)</p> <p>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.</p> <p>Memorandum of clarification: Frenchburg Group Home had multiple improvements made to the camera monitoring system. A request was made on May 8, 2024 that two new camera be installed to give better visualization to identified blind spots. New cameras were placed in June 2024 above the carport and over the ball court. The new cameras allow for three new angles of both areas. Improvements were also make to several cameras in the second floor living room and hallway in September 2024. Camera now provide further and better-quality monitoring of the living room, staircase, and hallway by youth bedrooms and bathrooms.</p> <p>Interview with Agency Head Designee: We use our video monitoring system to address any blind spots. Cameras with wider views and audio are considered.</p> <p>Interview with Facility Director: We consider any blind spots when updating our video equipment. We have updated the camera system but adding cameras to the barn and upgrading 11 cameras to provide a panoramic 360 degree view to address any blind spots. Some cameras now have audio and can be synced to other cameras.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	---

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 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
- Memorandum of Clarification
- Interview with Facility PREA Coordinator/Compliance Manager
- Interview with Medical Staff
- Interview with Investigative Staff
- Interviews with nine random staff
- Interview with SAFE/SANE Staff- St. Claire HealthCare Medical Center

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 nine random staff: All nine 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.

Interview with Investigative Staff: The Internal Investigations Branch (IIB) conducts the administrative investigations. The IIB does not have prosecuting power and with any PREA complaint, the Kentucky State Police (KSP) and the County Attorney are notified of the allegations. Even though the KSP are notified, IIB conducts their own investigations as well. The IIB and KSP will work together on investigations that involve criminal activity.

Reasoning and analysis by provision: 115.321 (b)

PAQ: The agency/facility does not conduct administrative or criminal investigations.

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 a 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 908, (page 4): and KYDJJ Frenchburg Group Home Standard Operating Procedures 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.

Memo of Clarification from Facility Director: Frenchburg Group Home's local hospital that offers SAFE/SANE services is St. Claire Regional Medical Center located at 222 Medical Circle, Morehead, Ky 40351. All staff is advised to take youth to the St. Claire Emergency Room and the on-call SAFE/ SANE nurse will be contacted. St. Claire is equipped to care for youth over 14 years old that are a victim of sexual assault. The on-call St. Claire nurse will notify the local ARH Regional Medical Center as a referral for all youth 13 years old and younger. ARH will then send their SAFE/ SANE nurse/ physician to St. Claire, or they will arrange for transport of the youth to their facility.

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. Claire Hospital where they have trained staff for forensic examinations.

Interview with SANE/SAFE Nurse: St. Claire Healthcare is the facility that would conduct forensic examinations for Frenchburg Group Home. The facility is one of only 14 hospitals in the State of Kentucky recognized as a Sexual Assault Nurse Examiner (SANE) Ready Hospital. The hospital has never had to conduct a forensic medical exam for anyone from Frenchburg Group Home. A SANE nurse is never not available. As a SANE ready designated facility, the hospital is required to be SANE staffed at all times.

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. The contract is in the process of being renewed, and is under review by the legal team.

Interview with Facility PREA Coordinator/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. They stated this was provided by the KASAP. They provide a service through Pathways, Inc. for each area of the state. They provide and coordinate services while the youth is in the facility and when they return home. Youth have 24/7 access to the rape crisis center. The contact information is provided and posted. Services are free of charge to the resident. The agency ensures the qualifications of the victim advocate service meets what is described in the standard.

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.

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

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1297 376">Evidence relied upon in making the compliance determinations:</p> <ul data-bbox="352 443 1465 853" style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 • Interviews with nine random staff <p data-bbox="280 891 1078 925">Reasoning and analysis by provision: (115.322 (a))</p> <p data-bbox="280 936 1474 1093">PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. There were no administrative or criminal investigations to be completed during the past 12 months.</p> <ul data-bbox="352 1167 1474 1406" style="list-style-type: none"> • 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 <p data-bbox="280 1451 1474 2022">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 (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.</p>

Memo of Clarification: Frenchburg Group Home has had no reports of sexual abuse, harassment, or any referrals of sexual abuse or sexual harassment during this audit year period.

Interview with Agency Head Designee: Confirmed that the IIB conducts administrative investigations for PREA. The also confirmed that criminal investigations are referred to law enforcement and/or the Kentucky State Police. Internal Investigations Branch

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.

Interviews with nine random staff: All nine random staff stated that either the IIB and KSP conduct the PREA investigations.

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.

What was heard, as part of the systematic review of evidence:

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)

PAQ: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the

	<p>investigating entity.</p> <p>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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 • Training curriculum • Kentucky Statue 620.030, duty to report, mandatory reporting laws • Interviews with nine random staff <p>Reasoning and analysis by provision: 115.331 (a)</p> <p>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</p>

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: 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 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 thru 5 confirm that training meets all of the provisions of this standard.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed. 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 nine random staff: All nine 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 thru 5 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. 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. All of the employees, with the exception of one, are male staff and it is an all male facility.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between trainings 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: Annually

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed. All staff have documented records of receiving PREA training annually. There are no current employees who have not received at least the initial training.

Interviews with nine random staff: All nine random staff stated that they have at

	<p>least one annual PREA refresher and often more than that if needed. The facility PREA coordinator/compliance manager conducts the annual refresher trainings.</p> <p>Reasoning and analysis by provision: 115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on-site 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.</p> <p>Findings: Based on the analysis, the facility exceeds the provisions for this standard and corrective action is not required.</p>
--	---

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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) • Volunteer/Intern Acknowledgement of Phase 1 PREA Training

- Contractor Acknowledgement of Phase 1 PREA training
- PREA Phase 1 Training - PREA Overview DJJ Policy
- Interviews with Volunteer and 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: 2

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 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.

Volunteer/Intern Acknowledgement of Phase 1 PREA Training: The auditor reviewed the acknowledgement forms for the volunteer and contractor for the completion of Phase 1 PREA Training. The training was documented as being completed.

Interviews with Volunteer and Contractor who have contact with residents: The auditor interviewed the one volunteer and one contractor that is associated with the group home. Both stated they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure. They both stated they had completed the Phase 1 PREA Training which consisted of an overview of the PREA Standards for Juvenile Facilities, viewing a video "Keeping Our Kids Safe:", how to report sexual abuse, and having a guided discussion regarding the PREA requirements for staff. They have both been at the facility for more than a year and stated they had received refresher trainings on an annual basis.

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

	<p>been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>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.</p> <p>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.</p> <p>Interviews with Volunteer and Contractor who have contact with residents: The auditor interviewed the one volunteer and one contractor that is associated with the group home. Both 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.</p> <p>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.</p> <p>Volunteer/Intern Acknowledgement of Phase 1 PREA Training: The auditor reviewed the acknowledgement forms for the volunteer and contractor for the completion of Phase 1 PREA Training. Their signature on the form indicated that they understood the training they had received.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: Pre-Audit Questionnaire PAQ) (Juvenile Facilities)

- Kentucky Department of Juvenile Justice, (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 907, Resident PREA Education (effective 09/07/2021)
- 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)
- KDJJ Youth Acknowledgement of PREA Education and PREA Documentation
- KDJJ Frenchburg Group Home Resident Progress Notes
- Kentucky Department of Juvenile Justice, Frenchburg Group Home Orientation 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
- Interview with Intake Staff
- Interviews with five 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 past 12 months who were given this information at intake: 57

KYDJJ Frenchburg Group Home Standard Operating Procedures 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).

The auditor reviewed the handbook, brochures, flyers and posters and confirmed that they provided basic information about PREA and the hotline number to report any allegation or suspicion

Interview with intake staff: The intake team consists of the two facility social service workers, which are called the counselors. They are responsible for the intake of all new residents or residents who have transferred to the facility. Residents are provided information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment on the day they arrive at the facility as part of the admission process. One of the first things a new

resident does is watch the PREA Education Video. Current residents, as well as those transferred from another facility are treated the same for intake purposes. They receive the same resident PREA education and assessments.

Interviews with five random residents: All five 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. The residents stated that they go over PREA several times a month.

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: 57

KYDJJ Frenchburg Group Home Standard Operating Procedures 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.

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 and written instruction during the initial intake. This has to be completed within 72 hours, but the facility does it on day one. This information is also reviewed with the resident periodically throughout their stay at the facility.

Interviews with five random residents: All five 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 five 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.

Interview with Intake Staff: All residents, current or those who have transferred from another facility, receive PREA education and assessments as part of the admission process. It has to be completed within 72 hours, but the facility does it on day one.

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.

KYDJJ Frenchburg Group Home Standard Operating Procedures 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.

The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Frenchburg Group Home Orientation 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 to include the dining room, visitation room, basement, recreation room, both living rooms, and in all common areas. The auditor called the language service number and confirmed that they would provide interpreter services to the facility if needed.

Reasoning and analysis by provision: 115.333 (e)

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

	<p>KDJJ Youth Acknowledgement of PREA Education and PREA Documentation: The auditor reviewed a sample of the signed Youth Acknowledgement of PREA Education and Documentation forms for residents who had been admitted in the past 12 months, as well as the five current residents. The signed form documents that the residents have received the education and have understood the material they were given.</p> <p>KDJJ Frenchburg Group Home Resident Progress Notes: The auditor reviewed a sample of the Resident Progress Notes for residents who had been admitted in the past 12 months, as well as the five current residents. The progress notes document that the residents were given PREA Education on the date of their admission.</p> <p>Findings 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.</p> <p>The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Frenchburg Group Home Orientation 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 resident.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 <p>Reasoning and analysis by provision: 115.334 (a) PAQ - The agency does not conduct administrative or criminal sexual abuse investigations.</p>

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 trainings 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)

PAQ: Specialized training shall include 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 action or prosecution referral.

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 trainings 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 provide is from the IIB. Findings: No corrective action is required.
--	---

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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, <i>(effective 03/09/2018)</i> • 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, <i>(effective 03/09/2018)</i> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, <i>(effective 10/05/2018)</i> • Kentucky Department of Juvenile Justice (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 408.1, Health and Safety Services, Forensic Information • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Health and Safety Services, Health Assessment and Physical Examination, <i>(effective 10/05/2018)</i> • PREA Phase 1 and Phase 6 Training Curriculum • Medical and Mental Health Contractor DJJ Acknowledgement of Phases 1 and 6 Training: Medical and Mental Health • Medical Nurse Contractor DJJ Acknowledgment of Phase 1 and 6 PREA Training • Memorandum of Clarification • Interview with Medical Nurse • Interview with Mental Health Staff <p>Reasoning and analysis by provision: 115.335 (a)</p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities</p> <ul style="list-style-type: none"> • The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: <p>3</p>

- 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), (*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: 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. 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.

	<p>Memorandum of Clarification: Agency medical staff in DJJ facilities do not conduct forensic examinations. Forensic examinations will be conducted at a medical facility that has a SANE, SAFE, and/or qualified medical practitioners.</p> <p>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.</p> <p>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.</p> <p>Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health: 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.</p> <p>Reasoning and analysis by provision: 115.335 (d) Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp.1 and 3), and : 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.</p> <p>Medical and Mental Health Contractor DJJ Acknowledgement of Phase 1 Training: Medical and Mental Health: 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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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

- Random sample of resident Vulnerability Assessment
- Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness:
- Interviews with five random residents
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Coordinator/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 of 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: 57

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 1): 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 Performs Screening For Risk of Victimization and Abusiveness: Residents are screened on day one of admission for risk of sexual abuse victimization or sexual abusiveness toward other residents. The screening is done on the day the resident is admitted to the facility. It is part of the intake or admission packet.. The information for the assessment is ascertained through conversations with the resident, a review of the documentation that accompanies the youth to the facility and a self-evaluation of yes/no questions on the assessment. Resident's risk levels are reassessed every three months, once a quarter. Only the counselors, supervisors, and facility director have access to the assessment. This is in order to protect the information and the resident.

Interviews with five random residents: All of the five random residents stated they remember when they first came to the facility being asked questions like where

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. Four of the residents have been at the facility for more than a week, and stated that they are asked these questions in treatment team and at other times. They said they talk about PREA all the time.

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.

Random sample of resident Vulnerability Assessment: The auditor reviewed a random sample of the resident's Vulnerability Assessment from residents who had admitted within the past 12 months and the current five residents. 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 initial screening considers: the boy's vulnerability for aggressiveness or victimization (both sexual and physical). It considers prior history,

	<p>size, age, intellect, and personal views.</p> <p>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.</p> <p>Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: The information for the assessment is ascertained through conversations with the resident, a review of the documentation that accompanies the youth to the facility and a self-evaluation of yes/no questions on the assessment.</p> <p>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 in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>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 in order to protect sensitive information from exploitation. Line staff do not have access.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: The agency has outlined that only counselors and supervisory staff shall have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.</p> <p>Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: The agency has outlined that only counselors and supervisory staff shall have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.</p>
--	---

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA

Audit: 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 Department of Juvenile Justice, (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment Procedures, (effective 09/07/2021)
- Kentucky Department of Juvenile Justice, (KYDJJ) Frenchburg Group Home Standard Operating Procedures 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, Isolation, (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)
- Kentucky Department of Juvenile Justice, (KYDJJ) Frenchburg Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, (effective 09/07/2021)
- Memorandum of Clarification
- DJJ Frenchburg Group Home Resident Intake Note
- Interview with Agency PREA Coordinator
- Interview with Facility Director
- 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, (pp/ 1 and 2), and KYDJJ Frenchburg Group Home Standard Operating Procedures number 905, (pp. 1 and 2): 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.

DJJ Frenchburg Group Home Resident Intake Note: The auditor reviewed intake notes for residents that required a higher level of supervision and their bed and programming assignments were documented.

Interview with Facility PREA Coordinator/Compliance Manager: The screening instrument is a vulnerability assessment. The facility refers to it for room

assignments and level of supervision assigned to the residents. The information may be used to place specific staff in certain locations or to place the youth in closer proximity to the staff area.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: The assessment is used to map out bed and sleeping arrangement. It is also used to keep separated if needed.

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

KYDJJ Frenchburg Group Home Standard Operating Procedures 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 of Clarification from the Facility Director: The facility does not use isolation for protective custody for any resident.

Interview with Facility Director: The facility does not use isolation.

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.

KYDJJ Frenchburg Group Home Standard Operating Procedures 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.

KYDJJ Frenchburg Group Home Standard Operating Procedures 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 of Clarification from the Facility Director: No youth; lesbian, gay, bisexual, transgender or intersex residents of Frenchburg Group Home have been placed in particular housing, bed, or other assignments solely based on such identification or status. The facility will evaluate each resident based on physical size, educational level, disabilities, offense history, disciplinary records, and youth's acknowledged belief that they will or will not be in danger while in the facility, to determine their housing assignment. If imminent danger rises beyond intake, then bed and room assignment changes will be made immediately.

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

Interview with Facility PREA Coordinator/Compliance Manager: The facility does not have special housing unit(s) for lesbian, gay,, bisexual, transgender, or intersex residents. The facility does not currently have any residents that are lesbian, gay,, bisexual, transgender, or intersex.

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 Facility PREA Coordinator/Compliance Manager: The facility uses the vulnerability assessment to determination housing and program assignments for transgender and intersex residents. The agency also considers the view of the resident because they could feel more vulnerable.

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.

Interview with Facility PREA Coordinator/Compliance Manager: All assessments are reassessed every quarter if the resident is still at the facility. Residents can also be reassessed anytime it is warranted or needed.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents are reassessed every three months. Transgender and intersex residents would be treated the same as the other residents. There are currently no transgender or intersex residents at the facility.

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 Facility PREA Coordinator/Compliance Manager: The vulnerability assessment takes into consideration the resident's views. It includes questions on how the youth feels.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents views and perceptions are considered during the assessment process.

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 Facility PREA Coordinator/Compliance Manager: Everyone showers separately. The facility has two single bathrooms with a toilet, sink and shower. Both bathrooms have doors and only one resident can be in them at one time. The staff monitors the hallway during shower time. The residents even change their clothes in the bathrooms.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents shower separately. The facility has two single bathrooms with doors. Only one person showers at a time in each bathroom.

Reasoning and analysis by provision: 115.342 (h)

PAQ: If a resident is isolated pursuant to paragraph (b) of this section, the facility

	<p>shall 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.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (pp. 1 and 2), and KYDJJ Frenchburg Group Home Standard Operating Procedures 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.</p> <p>Memorandum of Clarification from the Facility Director: The facility does not use isolation for protective custody for any resident.</p> <p>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.</p> <p>Memorandum of Clarification from the Facility Director: The facility does not use isolation for protective custody for any resident.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	---

115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Orientation Handbook • Kentucky Department of Juvenile Justice trifold brochure, English and

Spanish versions, male and female version

- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- KASAP-DJJ MOU
- Youth Education Curriculum Guide
- Memorandum of Clarification
- Youth Education Curriculum Guide
- Staff PREA Acknowledgement of Phase 1 PREA Training
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Coordinator/Compliance Manager
- Interviews with nine random staff
- Interviews with five random residents
- Interview with Grievance Staff
- Observations during sire review

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 (page 1): 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 relations 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 a 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 nine random staff: All nine 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 five random residents: All five 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. One resident stated there are all kinds of ways, while another one information is everywhere in 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 to include the dining room, visitation room, basement, recreation room, both living rooms, 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. I

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.

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

Interview with Facility PREA Coordinator/Compliance Manager: Residents can call the Internal Investigations Branch (IIB) hotline. The IIB is outside of DJJ. The IIB sends the facility a report that outline who called and who the alleged perp is, if known. Residents can also make an anonymous report. The facility would get information that an investigation was opened but the resident would remain anonymous.

Interviews with five ransom residents: All five stated that they could privately report sexual abuse or sexual harassment to the Internal Investigations Brand (IBB) hotline, by telling a staff member, wiring 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 is 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 makes a determination 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. 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. 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.

Interviews with nine random staff: All nine 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.

Interview with Grievance Staff: The grievance staff member stated that a residents is allowed to use the grievance process to report sexual abuse and sexual harassment, as well as retaliation by staff or other residents for making a report.

Reasoning and analysis by provision: 115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of

	<p>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.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: The facility provides paper and pencil to complete a report or grievance as outlined in the handbook. The residents get privacy when writing the report or grievance. Access is available 24/7.</p> <p>Reasoning and analysis by provision: 115.351 (e)</p> <p>PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3) and KYDJJ Frenchburg Group Home Standard Operating Procedures 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.</p> <p>Staff PREA Acknowledgement of Phase 1 PREA Training: The auditor reviewed the staff acknowledge 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 it's designated representative with in 48 hours.</p> <p>Interviews with nine random staff: All nine 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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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
- 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)
- Memorandums of Clarification
- Frenchburg Youth Handbook
- Interview with Grievance Staff
- 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.

Frenchburg Youth 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: Residents can file a grievance for sexual abuse or sexual harassment. Residents can file a grievance for just about anything.

Observations during site review: The auditor observed the grievance procedure and box located in the first floor living room. The grievance staff walked the auditor through the process of filing a grievance. The staff stated there have no grievance filed related to sexual abuse or sexual harassment in the past 12 months.

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 to submit a grievance. They can be submitted anytime. If there is no sexual abuse involved, residents are encouraged to talk to staff and try and work it out. This does not apply to a grievance for sexual abuse. A grievance for sexual abuse would be treated the same as a verbal report. It would immediately be reported to the Internal Investigations Branch (IIB).

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 Officer: There are two grievance officers so the resident is not submitting a grievance to a staff member who is 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 Officer: The grievance box is checked every day and all grievances have to be reviewed within 24 hours. The grievance officer has 48 hours to make a determination. If the determination is appealed there is a 48 hour time limit for a decision at every level. With an appeal, the process can go up to 90 days. If there was an extension, the resident would be notified in writing.

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 the 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 Officer: Any staff can submit a grievance for a resident. A third-party, such as Pathways or KASAP can submit a grievance for a resident. Most of the time, the residents submit the grievance themselves. There has never been a time when a resident has declined to have a grievance submitted.

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 the 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: Anyone can file a grievance for a resident, however, we have never had that to happen.

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

	<p>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.</p> <p>Interview with Grievance Staff: There is no such thing as a bad grievance.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Kentucky Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures, policy number 310, Family and Community Contacts: Mail, Telephone, and Visitation, (effective 09/07/2021) • Kentucky Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, (effective 09/07/2021) • Kentucky Department of Juvenile Justice, Frenchburg Group Home Orientation 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 Clarification • 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 pamphlets and Map • Interview with Facility Director • Interview with Facility PREA Coordinator/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.

KYDJJ-KASAP Processes: 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 KDJJ 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: All five residents stated that they were aware that there were services available outside of the facility for dealing with sexual abuse if they needed it. They all stated these were sexual assault centers. They all stated that the facility gave them this information in their handbook, and there are posters all around the facility with the information. They all stated that the call was free. One resident stated that this information is gone over every month with the residents. They all stated that they could call these services anytime and that the calls with these calls would remain private unless there was a threat of harm to them or others.

Observations during site review. There was signage throughout the facility that provided information on outside support services. The auditor contacted Pathways, Inc. 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 these would be 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: All five residents stated that they were aware that there were services available outside of the facility for dealing with sexual abuse if they needed it. They all stated these were sexual assault centers. They all stated that the facility gave them this information in their handbook, and there are posters all around the facility with the information. They all stated that they could call anytime and that the call was free. One resident stated that this information is gone over every month with the residents. They all stated that the calls with these calls would remain private unless there was a threat of harm to them or others.

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 KDJJ and Kentucky Association of Sexual Assault Programs (KASAP): 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).

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.

KYDJJ Frenchburg Group Home Standard Operating 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.

KYDJJ Frenchburg Group Home Standard Operating Procedures, policy number 310,(page): 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

	<p>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.</p> <p>Interview with the Facility Director: Interview with the Facility PREA Coordinator/ Compliance Manager: The residents have access to their attorneys and legal representation. They are on their visitor and contact list, so they can visit or have private calls. The facility provides the residents with a five minute call with their parents or legal guardian every night. The facility provides five free stamps a week, as well as paper and envelopes if they want to write their parents or attorney. Visitation occurs every Sunday at the facility and zoom is offered for parents who cannot attend in person.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: The residents have 24/7 access to their attorneys or legal representation. Access to the attorney cannot be denied. There are no circumstances where this would be limited. The facility provides an area for private meetings and private calls between the resident and their attorney. The residents get a five minute phone call every night with their parent or legal guardian. They can write letters. The facility provides pencil, paper, envelopes and stamps. Visitation is held weekly and can be in person or by zoom.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 • KASAP Map • Memorandum of Clarification • interviews with Random Residents • Observations during on-site visit

	<p>Reasoning and analysis by provision: 115.341 (a)</p> <p>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.</p> <p>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.</p> <p>Internal Investigations Website (IIB): PREA - In 2012, federal regulations were adopted concerning the Prison Rape Elimination Act (PREA). The PREA regulations contains standards for the 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. If you would like to report an allegation concerning an adult in the custody of the Kentucky Department of Corrections, please go to the following website (https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx).</p> <p>Memorandum of Clarification from the Facility Director: The agency and facility have a contact phone number, address, and contact information available via the agency web site, local telephone directory, Ky.gov web site, Justice Cabinet web site for a report of any sexual abuse or sexual harassment from a third party.</p> <p>Interview with the Random Residents: All five residents stated that they were aware of how to report and knew that they could use third party reporting. They stated they could tell someone outside of the facility, such as their attorney or parents. They also mentioned they could call the Rape Crisis Center.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, (effective 09/07/2021)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, 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)
- Memorandum of Clarification
- Interview with Facility Director
- Interview with Facility PREA Coordinator/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.

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.

Memorandum of Clarification from the Facility Director: Frenchburg Group Home hasn't had any sexual abuse allegations during this audit year period.

Interviews with Random Staff: All nine 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.

Interview with Random Staff: All nine 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 nine random staff interviewed stated that the agency requires them to report and that is done by reporting to IIB.

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 an 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 Frenchburg Group Home in which they have 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.

KYDJJ Frenchburg Group Home Standard Operating Procedures number 908, (page3): 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 Director: When the facility receives a sexual abuse, it is reported to reported to the parents or whoever is listed as the legal guardian, as well as the caseworker. Parents are notified within 24 hours. The allegation is reported within 24 hours to the legal team and they make the report to the court, attorney or other legal representation.

Interview with Facility PREA Coordinator/Compliance Manager: When the facility receives a sexual abuse, it is reported to a supervisor and the parents are notified in written form. The notification is made to whoever has guardianship of the resident and their caseworker. The notification occurs as soon as possible after the initial investigation is completed through our legal team. The facility is an alternative to detention, so the residents are not committed to DJJ. However, if there is a case in which the court has jurisdiction, they would be notified after the initial investigation by the legal team.

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.

KYDJJ Frenchburg Group Home Standard Operating Procedures number 908, (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 up-lined immediately, 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.

KYDJJ Frenchburg Group Home Standard Operating Procedures 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.

	<p>Interview with the Facility Director: All allegations of sexual abuse and sexual harassment are reported directly to the Internal Investigations Branch (IIB). Everything is report to them.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation (effective 09/07/2021) • FGH Coordinated Response Plan • Frenchburg Group Home Resident Sexual Assault Notification List • Interview with Agency Head • Interview with Agency PREA Coordinator • Interview with Facility PREA Coordinator/Compliance Manager • Interviews with Random Staff • Interviews with Random Residents <p>Reasoning and analysis by provision: 115.362 (a)</p> <p>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).</p> <ul style="list-style-type: none"> • 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 <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (pp. 1 and 2); and KYDJJ Frenchburg Group Home Standard Operating Procedures number 908, (pp. 1 and 2): The Department</p>

	<p>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.</p> <p>Frenchburg Group Home Resident Sexual Assault Notification List and FGH Coordinated Response Plan: The auditor reviewed the Incident Response Plan and the Notification List. The Emergency Plan provides details for staff to follow for all levels of an imminent reported abuse</p> <p>Interview with Agency Head Designee: When staff learn that a resident is subject to a 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.</p> <p>Interview with Facility Director: The residents have to be kept safe, so staff would immediately separate the alleged victim the alleged perpetrator. A bed change could be made. A resident could be sent back to secure detention if needed. Supervisors would be informed and all staff of any substantial risk by email.</p> <p>Interviews with random staff: All nine random staff stated they would separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and complete an incident report.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA

Violation (effective 09/07/2021)

- Memorandum of Clarification
- Interview with Agency Head Designee
- Interview with Facility Director

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 of Clarification from the Facility Director: Frenchburg Group Home has had zero allegations that a resident was abused while confined at another facility during this audit year period. If so, we would have notified the Superintendent of the previous facility and reported the allegation to the IIB Hotline.

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.

	<p>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.</p> <p>Reasoning and analysis by provision: 115.365 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.365 (d) PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 <p>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.</p> <p>Interview with Agency Head Designee: The Internal Investigations Branch (IBB) is the designated point of contact for all investigations. They determine whether or not an investigation is warranted or if a referral is needed for a criminal investigation.</p> <p>Interview with Facility Director: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, IBB would be contacted, as well as the PREA Chain of Command. There have been no incidents of this occurring.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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)
- Memorandum of Clarification
- Frenchburg Group Home 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: 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 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. 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. 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.

Frenchburg Group Home 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.

Memorandum of Clarification: Frenchburg Group Home has had no allegations of sexual abuse during this audit year period.

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: 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. 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. 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. 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.

Interview with Random Staff: The nine random staff interviewed stated that they would separate the victim and the alleged abuser, block off the area, preserve the scene, advise youth not to shower, call IIB, contact Kentucky State Police and notify the chain of command..

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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, <i>(effective 03/09/2018)</i> • Frenchburg Group Home Coordinated Response First Responder Plan • Interview with Facility Director <p>Reasoning and analysis by provision: 115.365 (a)</p> <p>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.</p> <p>Kentucky Department of Justice, Frenchburg Group Home, Standard Operating Procedures, 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.</p> <p>Frenchburg Group Home Coordinated Response First Responder Plan: The 17 page written institutional plan documents the facility's coordinated response to an incident of sexual abuse. The plan outlines in details the responsibilities of staff first responders, medical and mental health professionals, investigators, and facility leadership. The plan is divided into six parts. These include: Who is a Responder; Incident Notification List; First Responder Coordinated Plan of Action; First Responder Kit Inventory; Incident Report, Retaliation Form, and Debrief Form.</p> <p>Interview with Facility Director: Frenchburg has a first responder plan and checklist that includes everyone that has to be contacted from IIB, Kentucky State Police, supervisors, medical, mental health. The plan includes responsibilities for all staff.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Memorandum of Clarification • Interviews: Agency Head Designee <p>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.</p> <p>Memorandum of Clarification: Pursuant to 28 C.F.R. 115.366 of the Federal Prison Rape Elimination Standard (PREA), please be advised that the Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. The KYDJJ does not allow an entity to restrict the department's ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.</p> <p>Interview with Agency Head Designee: The agency does not do or have collecting bargaining agreements.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 of Clarification
- Interview with Agency Head Designee
- Interview with Facility Director

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.

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 work station could be staffed, provide

emotional support, and/or transfer to another facility within the agency.

Interview with Facility Director: For allegations of sexual abuse and sexual harassment, retaliation is monitored and reviewed every 15 days up to 90 days. The facility would have all hands on deck in place to monitor. The facility director is the designated person that monitors for retaliation. Different measure the facility would take to protect residents and staff from retaliation would include different protective measures such a change in room assignment, a possible change to another facility, a return to secure detention, or a change to work assignment if it is a staff member that may be the subject of retaliation.

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.

Memorandum of Clarification from the Facility Director: Frenchburg Group Home has had no allegations during this audit year period. Therefore, no protective measures, monitoring efforts, monitoring for retaliation have been necessary during this audit year period.

Interview with Facility Director: Retaliation is monitored to determine if there are any changes in behavior or the way a resident is acting toward others. Any negative behaviors or more disciplinary reports for the resident. For the staff, monitor would include any changes in performance or any requested work reassignments. The facility monitors retaliation for 90 days. This can be extended for as long as needed. The facility has to monitor for 90 days, but it can be extended for as long as it is needed.

	<p>Reasoning and analysis by provision: 115.367 (d)</p> <p>PAQ: In the case of residents, such monitoring shall also include periodic status checks.</p> <p>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.</p> <p>Interview with Facility Director: The facility would conduct regular check-ins with the resident or staff that may be retaliated against. The facility would look for any changes in disciplinary reports, program changes and participation for the resident and any performance changes for the staff.</p> <p>Reasoning and analysis by provision: 115.367 (e)</p> <p>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.</p> <p>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).</p> <p>Interview with Agency Head Designee: If a resident or staff member expresses fear of retaliation, the agency would provide emotional support for them.</p> <p>Interview with Facility Director: If retaliation is suspected or the resident or staff express fear of retaliation, the facility would provide emotional support for them.</p> <p>Findings: Based on the analysis, the facility exceeds the provisions for this standard and corrective action is not required.</p>
--	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon making determination of compliance:

- Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, (effective 09/07/2021_
- 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, Frenchburg Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation (effective 09/07/2021)
- 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment, (effective 09/07/2021)
- 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)
- Memorandums of Clarification
- Interview with Facility Director
- Interview 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.

	<ul style="list-style-type: none"> • 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 <p>KYDJJ Frenchburg Group Home Standard Operating Procedures 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.</p> <p>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.</p> <p>Memorandum of Clarification from the Facility Director: The facility does not use isolation for protective custody for any resident.</p> <p>Interview with Facility Director: The facility does not use isolation.</p> <p>Interview with Medical and Mental Health Staff: The facility does not use isolation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	--

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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)
- Memorandum of Clarification from Facility Director
- Interview with Facility Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Coordinator/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: 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.

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013 (page 1):

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.

Memorandum of clarification from facility director: Frenchburg Group Home hasn't had any sexual abuse allegations or sexual harassment allegations during this audit period.

Interview with Investigative Staff: IIB investigates all PREA complaints. Kentucky State Police and the county attorney are automatically notified if there is a criminal component to the case. IIB has 24 hours to make contact with 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 IBB 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): IBB 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 trainings 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. IBB investigators do not have prosecuting authority. Photographs would be taken if there are injuries. Review forensic medical exams if there were 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 with the exception of that which would be prohibited by the Garrity v. New Jersey court case.

Interview with Investigative Staff: IIB would contact law enforcement and assist in them. The IIB investigation would continue as long as 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 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.

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 the sexual abuse. Staff actions and responsibilities are part of the investigation. All investigations are documented in written reports. Investigation reports are in chronology 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*) and KYDJJ Frenchburg Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, (*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)

	<p>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.</p> <p>Interview with Investigative Staff: A investigation is not terminated when an employee terminates their employment. IBB will still try and track them down and attempt to conduct and 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.</p> <p>Findings by provision: 115.371 (m)</p> <p>Interview with Facility Director: There is an open line of communication between the facility and IIB. Communication is by email. IIB keeps the facility director informed during the investigation process. A report is sent to the facility director when the investigation is completed.</p> <p>Interview with Agency PREA Coordinator: IIB communicates through email with the facility director. They provide a report to those who need it at the end of the investigation.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: There is an open line of communication. Forms and information are sent back and forth by email. The facility can reach out to IIB to follow up. If law enforcement is involved, there is the same type of communication.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: (PAQ) Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, (effective 06/23/2020) • Interview with Investigative Staff

	<p>Reasoning and analysis by provision: 115.372 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.</p>
--	---

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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)

- Memorandum of Clarification (effective 12/28/2024)
- Report of Investigative Outcome to Resident
- Interview with Facility Director
- 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 of Clarification: The agency does not conduct investigations of sexual abuse. Frenchburg Group Home hasn't had any sexual abuse investigations during this audit year period.

Report of Investigative Outcome to Resident: The auditor reviewed the report template that is given to the resident following an investigation. It provides the outcome, informs the resident of monitoring for retaliation, and the opportunity to speak with a mental health professional or an advocate outside of the facility.

Interview with Facility Director: The Internal Investigations Branch will notify the resident by letter the results of the investigation.

Interview with Investigative Staff: The outcome is provided to the Department of Juvenile Justice and the resident is 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).

Memorandum of Clarification: Frenchburg Group Home hasn't had any sexual abuse investigations during this audit year period.

Report of Investigative Outcome to Resident: The auditor reviewed the report that is given to the resident following an investigation. It provides the outcome, informs the resident of monitoring for retaliation, and the opportunity to speak with a mental health professional or an advocate outside of the facility.

Interview with Facility Director: The Internal Investigations Branch will notify the resident by letter the results of the investigation.

Interview with Investigative Staff: The outcome is provided to the Department of Juvenile Justice and the resident is notified in writing.

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.

	<p>Reasoning and analysis by provision: 115.373 (d)</p> <p>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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.373 (e)</p> <p>PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <ul style="list-style-type: none"> • 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 <p>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).</p> <p>Findings: Based on this analysis, the facility substantially meets the provisions of this standard and corrective action is not needed.</p>
--	---

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (JuvenileFacilities) • 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 of Clarification

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.

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.

Memorandum of Clarification: Frenchburg Group Home hasn't had any sexual abuse allegations during this audit year period. Thus no terminations, resignations, or sanctions have taken place. No reports have been made to law enforcement.

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

	<p>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.</p> <p>Findings: Based on this analysis, the facility substantially meets the provisions of this standard and corrective action is not needed.</p>
--	--

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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) • Memorandum of Clarification • Facility Superintendent/PREA Coordinator <p>Reasoning and analysis by provision: 115.377 (a)</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <p>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</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p>Memorandum of Clarification: Frenchburg Group Home would prohibit further contact of any volunteer or contractor who violates the agency's sexual abuse policies. Frenchburg Group Home has had no allegations of sexual abuse or harassment made towards a volunteer or contractor this audit cycle.</p> <p>Interview with Facility Director: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, would not allow be allowed access to the residents or the facility. If it was something criminal, the police would be notified.</p> <p>Findings: Based on this analysis, the facility substantially meets the provisions of this standard and corrective action is not needed.</p>
--	---

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Department of Juvenile Justice, Frenchburg Group Home Standard Operating Procedures number 908, Prison Rape Elimination Act of 2003 (PREA), Response to a Report of a PREA Violation (effective 09/07/2021)
- 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 318.2, Program Services, Disciplinary Review, (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)
- Frenchburg GH Resident Handbook
- Memorandum of Clarification
- Interview with Facility Director
- 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 318.1, (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.

B. 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).

Frenchburg Group Home Resident Handbook: The goal of discipline is to teach more acceptable ways to interact. Consequences issued will be natural, logical and appropriate. Staff will explain any consequences given or being considered. Residents will be placed on automatic suspension of privileges due to their behavior. The following are examples of consequences: loss of privilege, facility restriction, one on one staff supervision, and room supervision. Major rules violations will result in a penalty slip and disciplinary hearing and may result in criminal charges and/or return to secure detention.

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

KYDJJ Frenchburg Group Home Standard Operating Procedures 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 Director: 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, the resident could be charged and could be sent back to secure detention. The facility does not use isolation.

Interview with Medical and Mental Health Staff: The facility does not use isolation.

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 Director: 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.

KYDJJ Frenchburg Group Home Standard Operating Procedures 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 resident. Services offered to victim 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 of Clarification from the Facility Director: Frenchburg Group Home has had no allegations of incidents of sexual contact between staff and residents; therefore, no disciplinary actions have been taken.

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.

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

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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) • Vulnerability Medical/Mental Health Referral of current residents • Interviews with Medical and Mental Health Staff • Interview with Staff That Performs Risk Screening <p>Reasoning and analysis by provision: 115.381 (a)</p>

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 always offered to all the residents. If a resident stated they wanted or needed a follow-up, the referral would be made immediately.

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 percent of residents who previously perpetrated 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 Performs Risk Screening: A follow up meeting with a medical and/or health practitioner is always offered to all the residents. If a resident stated they wanted or needed a follow-up, the referral would be made immediately.

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 the custody or care of DJJ are made aware that the staff, including medical and mental health, have a the duty to report. The youth signs 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.

--	--

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 • Interviews with Medical and Mental Health Staff • Interviews with Security and Non-Security First Responders <p>Reasoning and analysis by provision: 115.382 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.382 (b)</p> <p>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</p>

	<p>protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>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 done.</p> <p>Reasoning and analysis by provision: 115.382 (c)</p> <p>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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.382 (d)</p> <p>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.</p> <p>Medical Services Provider Letter: The Department of Juvenile Justice (DJJ), Fiscal Branch is responsible for payment for serves 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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	---

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 Medical and 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.

Reasoning and analysis by provision: 115.383 (c)

Interviews with Medical and Mental Health Staff: Medical and mental health services have to be consistent with community level of care. The services in the facility are maybe even better.

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for

	<p>sexually transmitted infections as medically appropriate.</p> <p>The 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.</p> <p>Reasoning and analysis by provision: 115.383 (g)</p> <p>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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.383 (h)</p> <p>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.</p> <p>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.</p> <p>Interviews with Medical and Mental Health Staff: Mental health staff conduct a mental health evaluation of all known resident-on-resident abusers and offers treatment if appropriate. This is conducted after the victim and scene are secured.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making a determination of compliance:

- Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 of clarification from Facility Director
- KDJJ PREA Debrief Process Flowchart
- Interview with Facility Director
- Interview with Facility PREA Coordinator/Compliance Manager
- Interview with Sexual Abuse Incident Review Team Member

Reasoning and analysis by provision: 115.386 (a)

What was read, as part of the systematic review of evidence:

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.

Memorandum of clarification from Facility Director: Frenchburg Group Home hasn't had any sexual abuse allegations during this audit year period thus there has not been any PREA incident debrief meetings conducted.

Reasoning and analysis by provision: 115.386 (b)

What was read, as part of the systematic review of evidence:

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)

What was read, as part of the systematic review of evidence:

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.

Memorandum of Clarification: The facility director provided a list of the members of the sexual abuse incident review team. It is made up of upper-level management staff, line supervisors, investigators, and medical and mental health practitioners.

What was heard, as part of the systematic review of evidence:

Interview with Facility Director: The facility has a sexual abuse review team. It is made up of upper management, some front line staff, as well as medical and mental health practitioners. Investigators participate when available or they have made a recommendation.

Reasoning and analysis by provision: 115.386 (d)

What was read, as part of the systematic review of evidence:

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.

What was heard, as part of the systematic review of evidence:

Interview with Facility Director: The facility uses the information from the sexual abuse incident review team to determine if policy or facility modifications are needed, as well as to determine if additional training is needed. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; considers 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.

	<p>Interview with Facility PREA Coordinator/Compliance Manager: The facility has a management meeting in order to access and improve the effectiveness of its sexual abuse prevention, detection and response policies and training in respond to information provided by the sexual abuse incident review team. If changes are made, then a staff meeting would be held to communicate any changes. The sexual abuse incident review team meets if we have a case to discuss. Everyone on the team would have input if any changes were needed. The facility PREA coordinator/compliance manager is a member of the team. A report is written and reviewed by the team which includes the Ombudsman. The PREA coordinator/compliance manager makes sure all of the documentation needed for the review is available.</p> <p>Interview with Sexual Abuse Incident Review Team Member: The team considers 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. The team examines the area and scene where the alleged allegation happened to see if there might be contributing factors, such as blind spots in the facility. The team assesses the adequacy of staffing levels in that area during different shifts; and assesses whether the cameras and anything else that might be a contributing factor.</p> <p>Reasoning and analysis by provision: 115.386 (e) What was read, as part of the systematic review of evidence:</p> <p>PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	---

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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)

What was read, as part of the systematic review of evidence:

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)

What was read, as part of the systematic review of evidence:

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)

What was read, as part of the systematic review of evidence:

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

	<p>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.</p> <p>Reasoning and analysis by provision: 115.387 (e) What was read, as part of the systematic review of evidence:</p> <p>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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.387 (f) What was read, as part of the systematic review of evidence:</p> <p>PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	---

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home 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) • Memorandums of Clarification • Agency Annual Reports • Interview with Agency Head Designee • Interview with Agency PREA Coordinator • Interview with Facility PREA Coordinator/Compliance Manager <p>Reasoning and analysis by provision: 115.388 (a)</p>

What was read, as part of the systematic review of evidence:

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.

What was heard, as part of the systematic review of evidence:

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 in order 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, received any monthly grievance reports, and does 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 as a whole. There has been no corrective action.

Interview with Facility PREA Coordinator/Compliance Manager: The facility has management meetings to see if there are any policies, training and documentation that needs to be updated.

Reasoning and analysis by provision: 115.388 (b)**What was read, as part of the systematic review of evidence:**

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.

	<p>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.</p> <p>Reasoning and analysis by provision: 115.388 (c) What was read, as part of the systematic review of evidence:</p> <p>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..</p> <p>What was heard, as part of the systematic review of evidence:</p> <p>Interview with Agency Head Designee: Annual reports are approved by the Commissioner.</p> <p>Reasoning and analysis by provision: 115.388 (d) What was read, as part of the systematic review of evidence:</p> <p>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.</p> <p>What was heard, as part of the systematic review of evidence:</p> <p>Interview with Agency PREA Coordinator: Personal information is redacted. The agency posts PREA Audit Reports on the agency's website.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
--	--

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Frenchburg Group Home PREA Audit: 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 in order to access 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, maintains spreadsheets and does corrective action as needed. The Department of Juvenile Justice has not have any corrective action.

	<p>Reasoning and analysis by provision: 115.389 (c)</p> <p>PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>There was no personal identifying information on any of the reports posted online and reviewed by the auditor.</p> <p>Reasoning and analysis by provision: 115.389 (d)</p> <p>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.</p> <p>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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
--	--

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Frenchburg Group Home PREA Audit Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency PREA Coordinator • Research • Policy Review • Document Review • Observations during onsite review of facility

	<p>Reasoning and analysis:</p> <p>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 was audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Frenchburg Group Home PREA audits were conducted on 7-15-2015, and 8/18/2018 in the second year of Audit Cycle 1 and 2. The audit for Audit Cycle 3 was conducted on 10-19-2021. The current audit of Frenchburg Group Home was conducted in year three of Audit Cycle 4.</p> <p>The auditor was given access to, and the ability to observe, all areas of Frenchburg Group Home 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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the determination compliance:</p> <ul style="list-style-type: none"> • Frenchburg Group Home Pre-Audit Questionnaire (Juvenile Facilities) • Policy Review • Documentation Review <p>Reasoning and analysis (by provision): 115.403 (f):</p> <p>The auditor observed the 2015, 2018, and 2021 Frenchburg Group Home 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.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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).)	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).)	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).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes