

PREA Facility Audit Report: Final

Name of Facility: Woodsbend Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/07/2025

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: 04/07/2025

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 02/20/2025

End Date of On-Site Audit: 02/21/2025

FACILITY INFORMATION

Facility name: Woodsbend Youth Development Center

Facility physical address: 163 Woodsbend Boys Camp Road, West Liberty, Kentucky - 41472

Facility mailing address:

Primary Contact

| | |
|--------------------------|-----------------------|
| Name: | Darren Havens |
| Email Address: | DarrenC.Havens@ky.gov |
| Telephone Number: | 502-782-8258 |

| Superintendent/Director/Administrator | |
|--|-----------------------|
| Name: | Darren Havens |
| Email Address: | DarrenC.Havens@ky.gov |
| Telephone Number: | 502-782-8258 |

| 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: | 502-764-0138 |

| Facility Characteristics | |
|--|----------|
| Designed facility capacity: | 40 |
| Current population of facility: | 31 |
| Average daily population for the past 12 months: | 28 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Men/boys |

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| 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: | 13-18 |
| Facility security levels/resident custody levels: | Level 3 |
| Number of staff currently employed at the facility who may have contact with residents: | 47 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 11 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 13 |

| AGENCY INFORMATION | |
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| 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 | |
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| 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: | |
| 8 | <ul style="list-style-type: none"> • 115.317 - Hiring and promotion decisions • 115.335 - Specialized training: Medical and mental health care • 115.341 - Obtaining information from residents • 115.351 - Resident reporting • 115.354 - Third-party reporting • 115.363 - Reporting to other confinement facilities • 115.372 - Evidentiary standard for administrative investigations • 115.403 - Audit contents and findings |
| Number of standards met: | |

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| 35 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2025-02-20 |
| 2. End date of the onsite portion of the audit: | 2025-02-21 |

Outreach

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| 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

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| 14. Designated facility capacity: | 40 |
| 15. Average daily population for the past 12 months: | 28 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 31 |
| 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 |

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| 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: | 1 |
| 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): | No additional comments |
| 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: | 47 |
| 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: | 13 |

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| 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: | 11 |
| 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: | There was one medical contractor available on the first day of the onsite portion of the audit. The contractor was not onsite and had to be contacted by phone. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 11 |
| 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 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 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 was given a copy of the resident roster upon arrival to the facility. The auditor reviewed the roster and conducted a random sample of the residents based on age, race, length of stay in the facility and the housing assignment. |

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| 37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="checked" type="radio"/> Yes <input type="radio"/> No |
| 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): | There were no barriers in selecting or interviewing the random residents. The facility provided the auditor unimpeded access to all the residents. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 1 |
| <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="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. |

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| 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 reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p> |
| 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 reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category.</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> |

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| 42. 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. |
| 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). | The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category. |
| 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: | 0 |
| 43. 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. |
| 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). | The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category. |
| 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: | 0 |

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| 44. 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. |
| 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). | The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category. |
| 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: | 0 |
| 45. 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. |
| 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). | The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category. |
| 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: | 0 |

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| 46. 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. |
| 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>The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category.</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>0</p> |
| 47. 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. |
| 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>The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category.</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>1</p> |

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| 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: | 0 |
| 49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 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). | The auditor reviewed resident information, documentation and conducted interviews with random residents, there were no residents that met this targeted category. |
| 50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | No additional comments. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 51. Enter the total number of RANDOM STAFF who were interviewed: | 12 |

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| 52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input 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 |
| 53. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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): | The auditor was provided a shift roster upon arrival at the facility on day one and was able to interview all random staff that were on post for the day. which met the minimum number of random staff interviews. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| 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. | |
| 55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 12 |
| 56. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| 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

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| | <input type="checkbox"/> Other |
| 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 type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" 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 type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

| | |
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| 63. Provide any additional comments regarding selecting or interviewing specialized staff. | The auditor interviewed all specialized staff that were at the facility during the on-site visit. 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 |

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| 68. Informal conversations with staff during the site review (encouraged, not required)? | <input 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, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the second day of the visit, accompanied by the Agency PREA Coordinator, the Facility Administrator, the Facility PREA Coordinator/ Compliance Manager, and the Deputy Juvenile Facility Manager. 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 observed the camera system throughout the facility and able to review the camera room to ensure that all cameras were in working order. 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="" 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 and residents that were interviewed. Documents reviewed included personnel and training records. The documents reviewed for the residents included intake records, resident education, and risk screening instruments (initial and reassessment). The auditor also was able to review historical documents of past residents. 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 reported allegations of sexual abuse or sexual harassment in the past 12 months. There were no sexual abuse or sexual harassment investigation files to review. |

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"> Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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) Woodsbend Youth Development Center Standard Operating Procedures number 900, Definitions, (effective 01/01/2019) 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) Woodsbend Youth |

Development Center Standard Operating Procedures number 901, Zero tolerance of any type of sexual misconduct (effective 01/01/2019)

- Kentucky Department of Juvenile Justice Agency Organizational Chart (effective 04/01/2024)
- Woodsbend Youth Development Center Facility Organizational Chart (effective -7/01/2024)
- 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 Woodsbend Youth Development Center Standard Operating Procedures 900 and 901 outline the agency's and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment.

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

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 2): The Commissioner shall be the appointing authority for the department and may delegate authority to any staff person to execute the business of the department. DJJ shall appoint an agency PREA

compliance officer to oversee and manage departmental compliance with the PREA standards, develop established department policy, and facilitate PREA training. The commissioner, deputy commissioner, and the agency PREA compliance officer shall work collaboratively to make sure that the lines of communication are open and clear, regarding PREA related matters throughout DJJ and facilitate a communication system of response when a PREA violation has occurred.

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

Interview with the Agency PREA Coordinator: The agency PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. They oversee PREA standard implementation to 21 facility PREA coordinators. Every residential, detention center, community offices and every facility throughout the agency has PREA compliance managers, however their titles are PREA coordinators. They have been the PREA branch manager for three years and 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.

Reasoning and analysis by provision: 115.311 (c)PAQ: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA compliance manager is in the organizational structure.

KYDJJ Woodsbend Youth Development Center Standard Operating Procedures number 901 (page 2): WYDC superintendent shall designate a facility PREA coordinator to train facility staff, interns, volunteers, and contractors and manage facility compliance with the PREA standards.

Interview with the Facility PREA Coordinator/Compliance Manager: The administrative specialist senior 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 look at additional training needs, inform and processes any issues with the facility superintendent and the agency PREA coordinator.

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

| 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, Woodsbend Youth Development Center 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 <p>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.</p> <ul style="list-style-type: none"> • 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 <p>Kentucky Justice and Public Safety Cabinet Department of Juvenile Justice Policy and Procedures 904 (<i>pp.1 and 2</i>): 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.</p> <p>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</p> |

Families and Youth of Kentucky, Inc.

The memorandum of agreement terms and conditions for eight private child-care placements: The requirements that the contractor adopt and comply with all juvenile facility PREA standards established by the United States Department of Justice. Comply with PREA, which can be found at www.prearesourcecenter.org. Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations and Commonwealth PREA policies which in any manner affect performance under this MOU.

Reasoning and analysis by provision: 115.312 (b)

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

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

Kentucky Justice and Public Safety Cabinet Department of Juvenile Justice Policy and Procedures 904 (*pp.1 and 2*): The agency PREA coordinator or designee shall conduct an annual audit to verify that staff in contracted private childcare facilities, child placing agencies, and detention centers, are being trained regarding the PREA standards detailed within their contracts and that these entities have incorporated PREA practices into business operations

The memorandum of agreement terms and conditions for eight private child-care placements: The contractor agrees to self-monitor its activities and facilities for compliance with the PREA standards and Commonwealth policies. Contractor acknowledges that in addition to the self-monitoring requirement, the Commonwealth and its agents will conduct announced or unannounced compliance monitoring that may include on-site monitoring visits.

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 and contracts with confinement facilities. 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 at the end of year one as of yet.

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

| | |
|----------------|---|
| 115.313 | Supervision and monitoring |
| | 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, Woodsbend Youth Development Center 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) • Woodsbend YDC staffing plan (effective 05/20/2024) • Woodsbend YDC staffing plans for 2022, 2023 and 2024 • Memorandum • Woodsbend YDC Staffing Deviation Forms • Woodsbend YDC shift reports for 2024 • Woodsbend YDC Schematic • Unannounced facility visit (rounds) form and logs dated 2024 • Interview with Facility Administrator • Interview with Facility PREA Coordinator/Compliance Manager • Interview with Agency PREA Coordinator • Interview with Intermediate or Higher-Level Facility Staff • Observations made during site review <p>Reasoning and analysis by provision: 115.313 (a)</p> <p>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.</p> <ul style="list-style-type: none"> • The average daily number of residents in the past 12 months: 28 • The average daily number of residents on which the staffing plan was predicated: 32 <p>Woodsbend YDC Staffing Plans 2022, 2023, and 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</p> |

substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The plans shows the facility develops, implements, and documents them.

Interview with Facility Administrator: The facility develops, implements and documents a staffing plan. It addresses adequate staffing levels to ensure the facility is in compliance with ratios. Video monitoring is part of the plan. The staffing plan is documented and housed in the control center. When assessing staffing levels, the facility considers the facility considers all 11 of the requirements outlined in the standard. The facility works to ensure that staffing ratios are being met and that staff are in line of sight of the residents at all times.

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 operates under the DJJ policed.

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.

Woodsbend YDC Staffing Deviation Forms: The auditor reviewed the 24 forms and noted that they occurred in a time frame in which the facility administrator explained in a memo. There was actually no real deviations.

Memorandum from the Facility Administrator: Woodsbend YDC deviated from waking hours PREA staffing ratios 24 times during the audit period January 1, 2024 – December 31, 2024. The last of these deviations occurred March 26, 2024. All of those deviation forms were not true “deviations” due to staff’s misunderstanding of how to document the occurrence that led to the forms being filled out. There was a youth who was put on an individual program during this time. This meant that they were separated from their group during waking hours and had a staff assigned just to them. Staff still logged them as being in their group, which made the group have nine youth in it, which made it look like a deviation on paper when it was not. Staff have since been trained staff to understand how to properly document such occurrences should they happen again. There have been no deviations since that youth was discharged.

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, although there was poor documentation from February 28. 2024 through March 26, 2024 that made it appear that there were deviations.

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: 24
- 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 1): The ratio of staff per youth in a YDC shall be sufficient to maintain the safety and security of the YDC. Each shift shall have a YW supervisor or higher level supervisor within that chain of command on duty. A YW III may serve as back-up supervisor once approved by the Superintendent.

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. DJJ detention and YDC facilities shall maintain eight to one (8:1) juvenile-to-staff ratios during waking hours and sixteen to one (16:1) juvenile-to-staff ratio during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

Woodsbend YDC 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.

WYDC Schematic: The auditor reviewed the facility's schematic and floor plan and documented that the residents are in the line of sight at staff at all times.

Interview with the Facility Director: The facility director stated that they are obligated by law to maintain staffing ratios. The staffing ratios are 1:8 waking and 1:16 sleeping. The facility makes sure there are enough staff to cover each shift. This can be accomplished through on call procedures, rearranging shifts or the residents to meet the staffing ratios.

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, even while in the classrooms.

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.

| | |
|--|--|
| | <p>Woodsbend YDC staffing plans for 2022, 2023 and 2024: The auditor reviewed the staffing plans. The plans are completed at least annually.</p> <p>Interview with the Agency PREA Coordinator: The plan is reviewed and updated annually.</p> <p>Reasoning and analysis by provision: 115.313 (e)</p> <p>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.</p> <p>KYDJJ Woodsbend YDC 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.</p> <p>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 indicated that the PREA unannounced rounds were regularly occurring on all three shifts.</p> <p>Interview with Intermediate Higher-Level Facility Staff: The intermediate higher level staff member stated that unannounced rounds are conducted at least once a week. They are conducted one on each shift and then one on any shift. These are documented in the log book and on the unannounced rounds form, as well as in the shift reports. The staff are not aware of the unannounced rounds because no one is told when they will occur. It is not announced prior to occurring.</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> |
|--|--|

| 115.315 | Limits to cross-gender viewing and searches |
|---------|--|
| | <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, Woodsbend Youth Development Center PREA Audit Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Kentucky Department of Juvenile Justice (KYDJJ) Woodsbend YDC Standard Operating Procedures number 325, Searches, (effective 01/01/2020) • 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 (KYDJJ) Woodsbend YDC Standard Operating Procedures number 910, Program Services, Facility Security Management, (effective 08/01/2018)
- 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
- Memorandums from Facility Administrator
- Interviews with Random Staff
- Interviews with Random Residents
- Observations from site review

Reasoning and analysis by provision:115.315 (a

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

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

KYDJJ Woodsbend YDC Standard Operating Procedures number 325, (pp.1-3): Consistently applied search and screening practices are essential to the order and security of the facility. Searches of youth, visitors of youth, and facilities shall be designed to prevent the introduction of contraband, provide for its disposition, and to protect youth and staff. Indiscriminate body searches of juveniles are prohibited in all residential facilities. Upon a juvenile's admission to a facility, returning from an unsupervised setting, or whenever there is reason to believe that the security of the facility may be endangered or that contraband may be present in or introduced into the facility, the search of a juvenile and their possessions shall occur. When possible, searches shall be conducted by same gendered staff. Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. Strip searches may be performed only with probable cause and authorization from the director of medical services. An incident report shall be completed, documenting the probable cause. A strip search shall always be performed by two staff of the same gender or medical personnel. A strip search shall be performed in an area that ensures the privacy and dignity of the youth. Strip searches shall be performed to visually inspect the juvenile's body and physically search the juvenile's clothing. Strip search procedures shall be reviewed by the director of medical services and the superintendent. Outside medical providers shall be the only individuals authorized to conduct a body cavity search. Probable cause that a youth may be concealing contraband in a body cavity shall exist prior to the authorization of a body cavity search. Authorization shall be

required by the superintendent and director of medical services prior to a body cavity search.

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.

Memorandum from Facility Administrator: There have been no cross-gender searches conducted during the last 12 months at WYDC.

Interviews with twelve random staff: All twelve 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 Woodsbend YDC Standard Operating Procedures number 325, (pp.1-2): Residents will always be searched, including all personal belongings, upon admission, return from AWOL, upon return from an off campus activity, etc. Residents shall be searched after visitation to ensure contraband is not transferred into the facility. If possible, two (2) male staff shall conduct the pat down search. One (1) staff shall facilitate the process. The second staff person shall observe the process to verify that the correct procedures are followed. Cross-gender searches shall only be conducted under exigent circumstances and shall be documented. 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.

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.

Interviews with 11 Random Residents: All 11 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Interviews with 12 Random Staff: All twelve 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. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

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

KYDJJ Woodsbend YDC 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.

KYDJJ Woodsbend YDC Standard Operating Procedures number 910, (page 3): Staff of the opposite gender shall announce their presence when entering the resident housing unit, or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

Memorandum from Facility Administrator: Whenever residents that are assigned to opposite sex staff need to shower, perform bodily functions, or change clothing, a

same-sex staff is called in to relieve the opposite sex staff to supervise the youth for those functions.

Interviews with Random Residents: All 11 residents stated that staff of the opposite gender announce their presence when entering the housing unit. All 11 residents stated that they are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviews with Random Staff: All 12 staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All 12 staff stated residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Observations made during the site review: The residents are able to dress, shower and use the toilet without being view by staff. Staff on the opposite gender were observed announcing their presence upon entering the areas where the residents were located. The auditor reviewed log book entries where female staff announced their presence.

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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 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 Random Staff: All 12 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%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (page 3): DJJ staff shall be trained on how to conduct cross-gender searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive manner possible that is consistent with security needs.

Contraband and Searches Training Curriculum, (slide 40): DJJ staff shall be trained

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| | <p>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: The auditor reviewed the staff training records. All 12 random staff have received the cross-gender search training, as well as conducting searches of transgender and intersex residents.</p> <p>Interviews with Random Staff: All 12 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 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> |
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| 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, Woodsbend Youth Development Center 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 404.1, Admission Screening for Physical and Behavioral Health Challenges, (effective 11/04/2020) • 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) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, Health and Safety Services, Health Services, (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, Woodsbend YDC Resident Handbook in English and Spanish
- Interview with Agency Head Designee
- Interviews with Random Staff

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 205, (page 2): Youth shall not be subject to and shall be free from discrimination. It shall be prohibited to discriminate based on a youth's race, color, sex, disability, age, national origin, religion, sexual orientation, gender identity, genetic information, political affiliation, or veteran status in making administrative decisions and in providing access to programs.

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, (page 3): Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services: housing that provides for their safety and security; rooms or housing units designed for their use that provide for integration with other juveniles; programs and services that are modified and/or specifically accessible to them; and

education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

Kentucky Department of Juvenile Justice, Woodsbend YDC Resident Handbook in English and Spanish (page 11: You shall not be subject to and shall be free from discrimination. It shall be prohibited to discriminate based on your race, religion, national origin, sex, disability, or political views in making administration decisions and in providing access to programs.

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.

Kentucky Department of Juvenile Justice trifold brochure, Resident Education

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| | <p>presentation, Resident Safety Education flyer presentation and Woodsbend YDC Resident Handbook are all available in English and Spanish.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.316 (c)</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page3): DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances.</p> <p>Memorandum from the Facility Administrator: There have been no instances of use of residents as interpreters during this audit period.</p> <p>Interviews with Random Staff: All random staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All stated that to the best of their knowledge this has never occurred.</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> |
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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | Evidence relied upon in making determination of compliance: |

- Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 106, Administration, Background Checks, (effective 12/01/2014)
- KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited.
- KRS 61.872 Right to inspection -- Limitation.
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request, (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 and promotion paperwork
- Review of random staff background checks
- Review of contractor background checks
- 2024 Five year background check spreadsheet
- Interview with Administrative (HR) staff

Reasoning and analysis by provision: 115.317 (a)

PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 2): DJJ shall not hire, promote, or transfer a person into DJJ as a staff or use a person as a volunteer, intern, or contractor who has engaged in sexual abuse or sexual harassment in a prison, jail, community confinement facility, juvenile facility, or other institution; been convicted of engaging in or attempting to engage in sexual activity by force, implied threats of force, coercion, or if the victim did not consent to or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual

activity by force, overt or implied threats of force, coercion, or if a victim did not consent or was unable to consent or refuse.

PREA Requirements for DJJ Staff: Fourteen new employees were hired within the past 12 months. The auditor reviewed a sample of the PREA Requirements for DJJ Staff and determined that they were all asked these questions and the agency prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, (page 2): DJJ shall not hire, promote, or transfer a person into DJJ as a staff or use a person as a volunteer, intern, or contractor who has been identified as the perpetrator in a sexual harassment matter and was found to have committed sexual harassment in their employment history.

Interview with Administrative (HR) staff: Any prior incidents of sexual harassment would be considered before hiring or promoting. It would be the same for contractors.

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: 14

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 random sample of personnel files of employees hired in the past 12 months: The auditor reviewed a random sample of files of 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 the employees.

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

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: 0

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 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). 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.

Interview with Administrative (HR) staff: Background checks are completed on all staff, contractors or anyone who may have contact with the residents.

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 Woodsbend YDC.

Interview with Administrative (HR) staff: DJJ monitors and ensure the background checks are completed every five years.

Reasoning and analysis by provision: 115.317 (f)

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 resources files for this form 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 poses upon employees a continuing affirmative duty to disclose any such misconduct. There is a PREA questionnaire that is completed as part of the interview process.

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

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| | <p>and Procedures, policy number 902, (page 4): Material omissions or falsifying documentation regarding any type of sexual misconduct shall be grounds for dismissal.</p> <p>Reasoning and analysis by provision: 115.317 (h)</p> <p>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</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, (page 1): Records shall be requested in writing according to established protocol in compliance with all applicable state and federal statutes. Designated department personnel shall respond to records requests promptly according to the procedures outlined in this policy. The Kentucky Open Records Act (KRS 61.878-61-884) establishes a right of access to public records. All public agencies are required to make all nonexempt public records available to any requester. All non-exempt public records which are prepared, owned, used, possessed, or retained in the normal course of business, shall be made available for inspection or copying. The Ombudsman shall collect and review all records responsive to the request from the appropriate record holder(s) and shall redact all exempt and confidential information contained within the responsive records pursuant to KRS 610.340(1)(a).</p> <p>Interview with Administrative (HR) staff: The agency Human Resources Department provides this information if requested.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required</p> |
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| 115.318 | Upgrades to facilities and technologies |
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| | <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, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Kentucky Department of Juvenile Justice -Woodsbend YDC Building Schematic • Memorandum from Facility Administrator • Interview with Agency Head Designee • Interview with Facility Administrator |

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| | <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 from Facility Administrator: There have been no renovations during this audit 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 Administrator: The facility has replaced some cameras that were out of date and added a few additional cameras.</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>Interview with Agency Head Designee: Cameras with wider views and audio are considered.</p> <p>Interview with Facility Administrator: The facility has replaced some cameras that were out of date and added a few additional cameras. Woodsbend uses our video monitoring system to address any blind spots.</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> |
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| 115.321 | Evidence protocol and forensic medical examinations |
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| | <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, Woodsbend Youth Development Center 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 404.6, Health and Safety Services, Emergency Medical Services, (effective 10/05/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, (effective 03/09/2018)
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) (effective 2020)
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers
- Memorandum
- Medical Staff Licenses
- Interview with Facility PREA Coordinator/Compliance Manager
- Interview with Medical Staff
- Interviews with 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 random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They all stated that it was the responsibility of the Kentucky State Police to gather any usable evidence and that their responsibility was to preserve the scene. This is done by taping off the area and following the first responder protocol.

Reasoning and analysis by provision: 115.321 (c)

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

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, (page 1): All Department of Juvenile Justice (DJJ) programs shall promote delivery of medical, dental and behavioral health services, when the health of a youth may otherwise be adversely affected, as determined by the responsible medical personnel or licensed behavioral health professionals. Medical and behavioral health screens shall be completed and shall not be considered treatment services. Emergency medical treatment shall be provided. No youth shall be denied the right to medical or behavioral health care or be disciplined for requesting medical or behavioral health care. Youth shall be provided with adequate information to give informed consent prior to invasive procedures or examinations and consent shall be sought from the youth. Youth shall have the right to refuse medical, dental, and behavioral health examinations or procedures. Youth shall have the right to file 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 404.6, (page 1): Access shall be provided to emergency medical and dental care 24 hours a day.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): If the sexual assault occurred less than seventy-two hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff and the juvenile shall be examined by qualified medical staff.

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

Memorandum from Facility Administrator: UK St. Claire Regional Hospital is the nearest hospital with a SANE nurse.

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 Woodsbend YDC. 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 Woodsbend YDC. 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. This MOU has been revised but is awaiting signatures after being reviewed by the attorneys.

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. Phone numbers, and posters throughout the facility have information about emotional support. KASAP usually provides the victim advocate. 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. DJJ 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.

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

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| | <p>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.</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> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | <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, Woodsbend Youth Development Center 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 • Memorandum • Interview with Agency Head Designee • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.322 (a)</p> <p>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 style="list-style-type: none"> • In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0 <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 0</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p>Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp 1-4): The Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to</p> |

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.

Memorandum from Facility Administrator: There have been no referrals of allegations of sexual abuse or sexual harassment for criminal investigations during the last 12 months at Woodsbend.

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.

Reasoning and analysis by provision: 115.322 (b)

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

Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 4): Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

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

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

Interview with Investigative Staff : The Kentucky State Police are automatically

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| | <p>notified if there is a criminal component to the allegation.</p> <p>Reasoning and analysis by provision: 115.322 (c) Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 4): Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.</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> |
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| 115.331 | Employee training |
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| | <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, Woodsbend Youth Development Center 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 • Phase 1 through Phase 5 Training curriculum • Kentucky Statue 620.030, duty to report, mandatory reporting laws • Interviews with Random Staff <p>Reasoning and analysis by provision: 115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who</p> |

may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp. 1 and 2): The Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. DJJ staff shall train all employees who have contact with juvenile residents on the zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and how to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, (page 1): The Department of Juvenile Justice (DJJ) shall provide training and professional development for department staff.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, (page 4): All facility staff shall be provided orientation training on sexual abuse prevention and response in supervisory settings/ Prison Rape Elimination Act of 2003 (PREA).

Training curriculum: PREA Phases 1 thru 5: The auditor reviewed the training

curriculum and confirms that the 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 during the on-site visit. All staff have received all phases of the PREA training.

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

Interviews with Random Staff: All 12 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 during the on-site visit. All staff have received all phases of the PREA training and it is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility. 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 is annually.

Staff training acknowledgement forms/training records: The auditor reviewed the

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| | <p>training records and acknowledgement forms for all staff interviewed during the on-site visit. All staff have documented records of receiving PREA training annually. There are no current employees who have not received at least the initial training.</p> <p>Interviews with Random Staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.</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> |
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| 115.332 | Volunteer and contractor training |
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| | <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, Woodsbend Youth Development Center 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: 24

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (page 1); The Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (page 1): The Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, (page 8): Student interns, volunteers, and contract staff shall complete an orientation prior to their assigned duties. The orientation shall include a review of DJJ Policy and Procedures that are applicable to the intern, volunteer, or contract staff responsibilities. All student interns, volunteers, and contract staff shall be trained on PREA. Additional training shall be provided as needed.

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

Interviews with Volunteer and Contractor who have contact with residents: The auditor interviewed one volunteer and one contractor that is associated with the YDC. Both stated they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure. One stated they were given initial and refresher training on PREA. The training consisted of how to report, how to respond, confidentiality, and

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| | <p>how to contact the SAFE/SANE nurse at St. Claire.</p> <p>Reasoning and analysis by provision: 115.332 (b)</p> <p>PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</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 one volunteer and one contractor. 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)</p> <p>AQ: 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 volunteers and contractors for the completion of Phase 1 PREA Training. Their signature on the form indicated that they understood the training they had received.</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> |
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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 of 2003 (PREA), Resident PREA Education, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, (effective 10/05/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, (effective 04/05/2019)
- Interpreter Monthly Log Sheets for 2024
- Master Agreement with Interpretation & Translation Services (Language Services), (effective 05/19/2015)
- KDJJ Youth Acknowledgement of PREA Education and PREA Documentation
- Kentucky Department of Juvenile Justice, Woodsbend YDC Resident Handbook, English and Spanish versions
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- Interview with Intake Staff
- Interviews with Random Residents
- Observations during on-site visit

Reasoning and analysis by provision: 115.333 (a)

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

- The number of residents admitted in past 12 months who were given this information at intake: 61

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (pp. 1 and 2): The Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of

DJJ and shall provide instructions for reporting sexual misconduct of any type. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: the zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; how to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. Juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: initial contact with the juvenile services worker (JSW); initial facility intake at a detention center, youth development center (YDC), and group home; initial meeting with a youth counselor; monthly treatment team meetings; and upon request for PREA information by a juvenile. During intake with the JSW, where a juvenile may be placed with a private child care agency or in a DJJ residential facility, community staff shall provide the juvenile and the parent or caregiver with a PREA flyer and shall read the information contained within the flyer to the juvenile. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: DJJ's zero tolerance PREA policy; sexual abuse, sexual harassment, victimization prevention, and intervention; self- protection information to prevent becoming a victim and how to avoid high- risk situations while placed in a facility; safely reporting an incident of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct including the option to report the incident to a designated staff member or confidentially through the IIB hotline; obtaining medical assistance, counseling services, and treatment if victimized; details regarding services and programs available for a juvenile who has a history of sexually assaultive behavior or a juvenile who has been a victim of previous sexual abuse or sexual harassment; and potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet. Within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile. In YDC's and group homes, juveniles shall receive the comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR).

Kentucky Department of Juvenile Justice trifold brochure, Woodsbend Resident Handbook, Resident Safety Education Flyers, Resident Education, in English and Spanish versions - The auditor reviewed the brochures and confirmed that they provided PREA education.

The auditor reviewed the Resident Safety Education flyers that were posted all

throughout the facility. The posters provided basic information about PREA and the hotline number to report any allegation or suspicion.

Interview with intake staff: Residents are given brochures, a PREA folder to take with them, and they watch a PREA video at the time of admission. All PREA materials are read to them. 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 Random Residents: All random residents interviewed confirmed that they received PREA education as soon as they got to the facility during the admission process. The residents stated that this information was provided verbally, by watching a video, brochures and the handbook. The residents stated that they go over PREA at least once 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: 61

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 2): The Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet. Within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile. In YDC's and group homes, juveniles shall receive the comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR).

Interview with Intake Staff: The agency and facility ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and

regarding agency policies and procedures for responding to such incidents through watching the PREA video, as well as verbal and written instruction during the initial intake. Policy requires it to be done within 72 hours, but the facility does it on the day of admission. There are also refreshers every month and PREA is discussed in their weekly treatment teams.

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

Reasoning and analysis by provision: 115.333 (c)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 2.): The Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: Juvenile PREA brochure; and Juvenile PREA Education Booklet.

Interview with Intake Staff: All residents, current or those who have transferred from another facility, receive PREA education and assessments as part of the admission process.

Reasoning and analysis by provision: 115.333 (d)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, (page 3): DJJ's PREA policy shall be made available in an accessible format to juveniles with disabilities, juveniles who speak limited English, or in the juvenile's native language if the juvenile does not understand English. DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, (pp 1 and 6): An orientation to the program's procedures, rules, programs, and services in language that the youth understands. Each program shall assist the youth in understanding material when a

literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed.

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

The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Woodsbend YDC Resident 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, common areas, and all buildings.

Reasoning and analysis by provision: 115.333 (e)

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

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

Reasoning and analysis by provision: 115.333 (f)

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

The following educational materials were provided in both English and Spanish versions: Kentucky Department of Juvenile Justice, Woodsbend YDC Resident 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.

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| | <p>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, common areas. and all buildings..</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> |
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| 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, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (JuvenileFacilities) • 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> <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.</p> <p>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.</p> |

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| | <p>Reasoning and analysis by provision: 115.334 (b)</p> <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.</p> <p>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.</p> <p>Reasoning and analysis by provision: 115.334 (c)</p> <p>Training certificates for investigators: The auditor reviewed 14 training certificates for the IIB investigators. Specialized training has been completed and training records are documented.</p> <p>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.</p> |
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| 115.335 | Specialized training: Medical and mental health care |
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| | <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, Woodsbend Youth Development Center 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, (effective 03/09/2018) |

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, (effective 10/05/2018)
- PREA Phase 1 Training Curriculum
- PREA Phase 6 Training Curriculum
- Medical and Mental Health DJJ Acknowledgement of Phases 1 and 6 Training: Medical and Mental Health
- Memorandum
- Interview with Medical Nurse
- Interview with Mental Health Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.335 (a)

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

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 10
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp.1 and 3): The Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. All staff are required to complete Phase 1 on the PREA training. Medical and mental health staff are required to complete Phase 6 which is the specialized medical training.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 2): DJJ staff, volunteers, interns, and contractors shall be responsible for being alert to signs of situations in which sexual abuse, sexual harassment, sexual contact, or any sexual misconduct may occur. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator

PREA Phase 1 and Phase 6 Training Curriculum: The auditor reviewed the training curriculum for medical and mental health staff. These training phases are required medical and mental health staff includes how to detect and assess signs of sexual

abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

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

Reasoning and analysis by provision: 115.335 (b)

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

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

Memorandum:: 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.

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.

Interview with SAFE/SANE Staff: Interview with SANE/SAFE Nurse: St. Claire Healthcare is the facility that would conduct forensic examinations for Woodsbend YDC. 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 Woodsbend YDC. 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: 115.335 (c)

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

Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training:

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| | <p>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)</p> <p>PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, (pp.1 and 3): The Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. All staff are required to complete Phase 1 on the PREA training.</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 substantially exceeds the provisions for this standard and corrective action is not required.</p> |
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| 115.341 | Obtaining information from residents |
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| | <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, Woodsbend Youth Development Center 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 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: 61

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905: The Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility.

Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: Residents are screened on the day 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, right after their medical evaluation . It is part of the intake or admission packet.. The information for the assessment is gotten through conversations with the resident, a review of the documentation that come with 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.

Interviews with Random Residents: All of the eleven 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. Three of the residents have been at the facility for less than a month and have not been asked the questions again. The other eight stated that PREA is gone over with them every month.

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 residents that were interviewed. 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 sexual and physical history, and if they are vulnerability for aggressiveness or victimization, (both sexual and physical). It also considers prior history, size, age, intellect, and their personal views.

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,

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| | <p>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 obtained through conversations with the resident, a review of the documentation that come with 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)</p> <p>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 assessments are limited to counselors, facility manager, records persons and the PREA coordinator/compliance manager. They can be available for medical if it is warranted.</p> <p>Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: Counselors, treatment coordinator and higher level of 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> |
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| 115.342 | Placement of residents |
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| | <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, Woodsbend Youth Development Center 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 318, Program Services, Behavior Management, (effective 04/05/2019) |

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Prison Rape Elimination Act of 2003 (PREA), Sexual Orientation and Gender Identity, (effective 03/09/2018)
- Memorandums
- 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,: The Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Information obtained from the screening shall be used in determining housing, bed, education, program, and work assignments in accordance with 28 C.F.R. 115.342.

Memorandum from the Facility Administrator: Since Woodsbend has a dormitory-style housing unit where all groups sleep, the facility does not have specific “units” or “pods” for each group. When there is a youth who scores as vulnerable on the VSPA, they are placed in a group where they are less likely to be around youth who are prone to bullying or other types of perpetrations. Additionally, vulnerable youth may be given a bed assignment close to the control center where staff can observe them more carefully.

Interview with Facility PREA Coordinator/Compliance Manager: The risk screening instrument information is used to keep kids safe and free from sexual abuse. It is administered by the counselors.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: The facility uses the information from the risk screening to guide placement, bed assignment and programming for the resident. Any concerns are documented and shared with the treatment coordinator.

Reasoning and analysis by provision: 115.342 (b)

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

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

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

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

Memorandum from the Facility Administrator: DJJ does not use isolation for protective custody.

Interview with Facility Director: DJJ does not use isolation. If a resident were to be placed in isolation it would usually be for less than two hours. There would have to be a review every two hours.

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

Reasoning and analysis by provision: 115.342 (c)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905 (page 2): A juvenile shall not be given a housing assignment based solely on being identified as LGBTQI or sexually abused. LGBTQI residents shall not be isolated solely because of sexual orientation but may be housed in a single room, if the vulnerability assessment result is determined to be high risk.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, (pp. 1 and 2): In accordance with state and federal laws, each juvenile under the jurisdiction of the Department for Juvenile Justice (DJJ), shall have the right to live in an environment free of harassment and discrimination. DJJ shall be committed to providing a healthy and accepting setting for juveniles placed in the custody, care, or supervision of DJJ. DJJ staff shall respect the dignity of heterosexual, lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) juveniles and create an environment that is safe and free of discrimination. DJJ staff shall provide quality services and treatment to juveniles regardless of their actual or perceived sexual orientation, gender identity, or gender expression. DJJ staff shall provide fair and equal treatment without bias and in a professional and confidential manner based on principles of sound professional practice to LGBTQI juveniles in the care and custody of DJJ. Facility staff shall make housing decisions for all juveniles including transgender and intersex juveniles based on the individualized needs of a juvenile; and shall prioritize the emotional and physical safety of a juvenile, taking into account the perception of where they will be most secure, as well as any recommendations from the health care provider of the juvenile.

Memorandum from the Facility Administrator: At Woodsbend YDC, because of the dormitory-style housing unit, transgender youth are evaluated for which group would be the best fit for their overall treatment and safety just like other youth. The group placement considers the youth's health and safety and whether the group placement would present management or security problems. The youth may be assigned to a bed in the dorm closer to the control center so staff may more closely observe them for safety.

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 make a determination of what would be the best fit for the resident in regards to housing and program assignments for transgender and intersex residents.

There were no transgender or intersex residents identified by the facility to be interviewed.

Reasoning and analysis by provision: 115.342 (e)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 1): DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility.

Interview with Facility PREA Coordinator/Compliance Manager: The facility always considers whether the housing and programming assignments will ensure the resident's health and safety.

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 residents are scheduled at different times

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: Everyone has a time scheduled for showers. Shower time is monitored by staff.

Reasoning and analysis by provision: 115.342(g)

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

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

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| | <p>and Procedures, policy number 318, (pp. 1 and 2): Staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth.</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 from the Facility Administrator: DJJ does not use isolation for protective custody.</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> |
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| 115.351 | Resident reporting |
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| | <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, Woodsbend Youth Development Center 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 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, Woodsbend YDC Resident Handbook • Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions • Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish • versions • KASAP-DJJ MOU |

- Youth Education Curriculum Guide
- Memorandums
- Staff PREA Acknowledgement of Phase 1 PREA Training
- Interview with Facility PREA Coordinator/Compliance Manager
- Interviews with Random Staff
- Interviews with Random Residents
- Observations during on-site visit

Reasoning and analysis by provision:115.351 (a)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3: Juveniles shall have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual misconduct to a staff member or the IIB hotline. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation.

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

KASAP-DJJ MOU - Make reports of abuse, dependency and neglect allegations which arise in 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 Random Staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment to the Internal Investigations Branch (IIB) hotline, by telling a staff member, or wiring a grievance.

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

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility 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. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation.

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

provided.

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

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

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

Observations during the site review: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment to the Internal Investigations Branch. The auditor tested the hotline and it was answered by a live person and was not automated. The hotline representative explained the call process to the auditor. All calls are taken seriously and IIB 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. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct,

staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB.

Memorandum from the Facility Administrator: There have been no verbal reports of sexual abuse or sexual harassment during the previous 12 months at WYDC.

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

Reasoning and analysis by provision: 115.351 (d)

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

Interview with Facility PREA Coordinator/Compliance Manager: The facility provides paper and pencil to complete a report or grievance as outlined in the handbook. There is a standardized grievance form. It can be on that or on a piece of notebook paper. There is a locked grievance box. Access is available 24/7.

Reasoning and analysis by provision: 115.351 (e)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (pp/ 2 and 3): DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner.

Staff PREA Acknowledgement of Phase 1 PREA Training: The auditor reviewed the staff 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 within 48 hours

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

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| | <p>supervisor.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.</p> |
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| 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, Woodsbend Youth Development Center 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 • Woodsbend YDC Resident Handbook • Observation during site review <p>Reasoning and analysis by provision: 115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>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</p> |

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.

Woodsbend YDC Resident 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.

Woodsbend Grievance Logs: The auditor reviewed the grievance logs for 2024.

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.

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.

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.

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.

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

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| | <p>substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <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. 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.</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> |
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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence relied upon in making determination of compliance:

- Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Prison Rape Elimination Act of 2003 (PREA), Family and Community Contacts: Mail, Telephone, and Visitation (effective 04/05/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number
- 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, (effective 05/15/2017)
- Woodsbend YDC Resident Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2020
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- KASAP Process
- KASAP Pamphlets
- Interview with Facility 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.

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

Memorandum of Understanding between KYDJJ and Kentucky Association of Sexual

Assault Programs (KASAP) dated

2020: The intent of this MOU is to provide youth in the custody, care and supervision of DJJ with confidential emotional support services related to sexual assault in accordance with the Prison Rape Elimination Act (PREA).

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

Interviews with Random Residents: All residents interviewed stated that they were aware that there were services available outside of the facility for dealing with sexual abuse if they needed it. Some 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. They all stated that they could call these services anytime and that the calls with these calls would remain private unless they were required to tell someone. The reason they gave was in case someone was being hurt.

Observations from 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: The 11 residents interviewed stated that the calls with these calls would remain private unless someone was being hurt.

Reasoning and analysis by provision: 115.353 (c)

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

Memorandum of Understanding between KYDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated

2020: The intent of this MOU is to provide youth in the custody, care and supervision of DJJ with confidential emotional support services related to sexual assault in accordance with the Prison Rape Elimination Act (PREA).

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

Reasoning and analysis by provision: 115.353 (d)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, (page 1): Youth in a Department of Juvenile Justice (DJJ) operated or contracted program shall have access to legal representation and access to the courts. Youth shall have uncensored, confidential contact by telephone, in writing, or in person with their legal representative. The youth shall have the right to contact and visit with counsel. Program staff shall assist youth in making confidential contact with attorneys and authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, (page 1): Family and community contacts shall be designed to promote positive relationships and facilitate communication between the youth, parent or caregiver, and community. Contacts shall be in keeping with the mission and security level of the program and in accordance with the youth's Individual Treatment Plan (ITP). There shall be a weekly postage allowance of five (5) stamps per youth, at no cost to the youth. Contact with attorneys shall be facilitated through unlimited legal correspondence, reasonable postage provided by the facility, and placing or receiving calls. Each youth shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and contact with attorneys. Youth shall be permitted phone contact with a parent or caregiver no less than once per week, unless the Superintendent determines there is a threat to the maintenance of facility order, treatment, or security. Calls may be monitored, except those calls to and from the youth's legal representative.

Interview with the Facility Director: The residents are allowed to make phone calls or write letters to their attorneys. The attorneys can also visit the youth at the facility. There are weekly phone calls with their parents or legal guardian. Extra calls can be earned. There is also weekly visitation. There is an opportunity for zoom calls as well for visitation. The residents are given the needed tools to write letters and they get free stamps.

Interview with the Facility PREA Coordinator/Compliance Manager: The facility tries their best to quickly accommodate any requests between the resident and their attorney. Most of the residents are represented by a probation office, who comes regularly to visit. The residents have regular weekly phone calls with their parents or guardians. There is also weekly visitation.

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

| 115.354 | Third-party reporting |
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| | <p data-bbox="280 185 1011 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1257 376">Evidence relied upon in making determination of compliance:</p> <ul data-bbox="352 443 1458 1104" style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 (IIB) • Woodsbend YDC Resident Handbook • Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions • Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions • KASAP-DJJ MOU • Youth Education Curriculum Guide • Observations during on-site visit <p data-bbox="280 1149 1062 1182">Reasoning and analysis by provision: 115.354 (a)</p> <p data-bbox="280 1189 1481 1346">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 data-bbox="280 1384 1458 1794">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 data-bbox="280 1832 1469 2078">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</p> |

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| | <p>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>Observations during on site visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone numbers on third party reporting.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.</p> |
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| 115.361 | Staff and agency reporting duties |
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| | <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, Woodsbend Youth Development Center 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, Woodsdbend YDC Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, (effective 01/01/2017) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, (effective 03/09/2018) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 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 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) • Woodsbend YDC Coordinated First Responder Plan • Memorandum |

- Interview with Facility Administrative
- 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. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, (page 2): It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported.

Interviews with Random Staff: All 12 random staff interviewed stated that the

agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported to the IIB hotline, or the Kentucky State Police, as well as to their supervisor.

Reasoning and analysis by provision: 115.361 (b)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, (page 2): Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

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

Memorandum from the Facility Administrator: There have been no reports generated by medical or mental health practitioners regarding sexual abuse during the previous 12 months at WYDC.

Interview with Random Staff: All 12 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 12 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 Woodsbend YDC 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.

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

Interview with Facility Administrative: When the facility receives a sexual abuse, it is

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| | <p>reported to reported to the parents or whoever is listed as the legal guardian, as well as the caseworker. The facility calls the IIB hotline and DJJ legal is the one that usually reports it to the parents or guardian. The facility notifies the caseworker. Parents are notified as soon as possible 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.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: When the facility receives a sexual abuse, it is reported to IIB and the chain on command is notified. The agency would coordinate notifying those that needed to be notified such as parents, guardians, legal representative or the court.</p> <p>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.</p> <p>KYDJJ Woodsbend YDC Standard Operating Procedures number 908, (page 1): Whenever a juvenile reports or staff observes indications of sexual harassment, abuse or assault by staff, interns or volunteers on youth, a report is to be immediately made via the hotline to the Internal Investigations Branch (IIB).</p> <p>KYDJJ Woodsbend YDC Standard Operating Procedures number 906, (page 1): Any staff person at Woodsbend Youth Development Center who receives a report of abuse/neglect of a youth at the facility or another state facility shall immediately report the incident by using the "Abuse Hotline" telephone located in the dorm. When the Superintendent is aware that abuse/neglect has been alleged to have occurred at the facility, he will require all parties involved write and sign a statement as to what they have observed. The Superintendent will caution staff not to further discuss the allegations. Woodsbend Youth Development Center staff shall take no further action in the conduct of the investigation unless specifically requested to do so by the IIB.</p> <p>Interview with the Facility Administrator: All allegations of sexual abuse and sexual harassment are reported directly to the Internal Investigations Branch (IIB). There are no facility investigators.</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> |
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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence relied upon in making the compliance determinations:

- Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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, Woodsbend YDC Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation
- Woodsbend Coordinated Response Plan
- Interview with Agency Head
- Interviews with Random Staff

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

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (pp. 1 and 2): The Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile.

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.

Interview with Facility Administrator: The facility has to make sure the resident is safe. This could mean moving the resident's group assignment, modifying the shower and bathroom schedule, whatever it takes to ensure the safety of the resident. This is done immediately or as soon as possible.

Interviews with Random Staff: All 12 random staff stated they would separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and complete an incident report.

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| | Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required. |
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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 • Interview with Agency Head Designee • Interview with Facility Director <p>Reasoning and analysis by provision: 115.363 (a)</p> <p>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.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 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. 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</p> |

hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and the Superintendent. The current Superintendent shall notify the agency head of the previous facility where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Both notifications shall be up-lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR. If a third party source contacts a facility and alleges that a current resident has been a victim of abuse, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The notification shall be up-lined immediately, but no later than twenty-four hours from the time the allegation was reported. The notification shall be documented in the juvenile's ICR.

Memorandum from the Facility Administrator: There were no instances of youth alleging abuse at other facilities during the previous 12 months at WYDC.

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): The current Superintendent shall notify the Superintendent of the previous placement where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Notification shall be made immediately through the chain of command, but no later than twenty-four (24) hours from the time the allegation was reported.

Reasoning and analysis by provision: 115.363 (c)

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

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

Reasoning and analysis by provision: 115.363 (d)

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 7): If a resident at a DJJ facility alleges sexual abuse occurred at a different DJJ facility, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), Facility PREA Coordinator, and Superintendent. The current Superintendent shall notify the Superintendent of the previous placement where the alleged abuse occurred, IIB, and the Facilities Regional Administrator (FRA). Notification shall be made

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| | <p>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.</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 substantially exceeds the provisions for this standard and corrective action is not required.</p> |
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| 115.364 | Staff first responder duties |
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| | <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, Woodsbend Youth Development Center 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) • Woodsbend YDC Coordinated Response Plan • Interview with Security First Responder • Interview with Non-Security First Responder |

- Interviews with Random Staff

Reasoning and analysis by provision: 115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

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

and Procedures, policy number 908. (page 2): If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: The juvenile victim shall not be permitted to shower or otherwise clean themselves until they are examined by hospital emergency medical staff and cleared by the emergency medical facility to do so.

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

Interview with 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

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| | <p>number of times that staff member notified security staff: 0</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908. (page 2): If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives.1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: The juvenile victim shall not be permitted to shower or otherwise clean themselves until they are examined by hospital emergency medical staff and cleared by the emergency medical facility to do so.</p> <p>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.</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> |
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| 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, Woodsbend Youth Development Center 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) |

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| | <ul style="list-style-type: none"> • Woodsbend YDC Coordinated Response First Responder Plan • Interview with Facility Administrator <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 Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908: The Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct.</p> <p>Woodsbend YDC 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 Administrator: Wloodsbend YDC 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> |
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| 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, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) |

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| | <ul style="list-style-type: none"> • Memorandum of Clarification • Interviews: Agency Head Designee <p>Reasoning and analysis by provision: 115.366 (a)</p> <p>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 collective 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> |
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| 115.367 | Agency protection against retaliation |
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| | <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, Woodsbend Youth Development Center 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) • 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 Administrator: 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.

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.

Reasoning and analysis by provision: 115.367 (d)

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 4): Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits changes that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. Juvenile disciplinary reports, housing assignments, facility staff reassignments, program changes, and any negative performance reviews of facility staff involved in the allegation shall be monitored for indications of retaliation.

Interview with 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.

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| | <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> |
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| 115.368 | Post-allegation protective custody |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence relied upon making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, (effective 03/09/2018) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, (effective 03/09/2018) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior |

Management, (effective 04/05/2019)

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, (effective 04/05/2019)
- Memorandum
- Interview with Facility Administrator
- 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.

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, (pp. 1 and 4): Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. The Superintendent and Treatment Director, when on duty at the facility, shall visit each youth in isolation each day. The visit shall be documented in the observation log. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is

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| | <p>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: The Department of Juvenile Justice does not use isolation for protective custody.</p> <p>Interview with Facility Administrator: The facility has not used isolation in the past 12 months. If it was used, residents would only be isolated from others as a last resort when less restrictive measures and inadequate to keep them and others safe. If residents were to be placed in isolation,, they would be moved as quickly as possible. There would be a formal review every two hours. If used, it would usually be less than for two hours.</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> |
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| 115.371 | Criminal and administrative agency investigations |
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| | <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, Woodsbend Youth Development Center 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) • Interview with Facility Administrator • 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, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, (page 7): If a third party source contacts a facility and alleges that a current resident has been a victim of abuse, the staff shall immediately report the allegation to the IIB hotline, Administrative Duty Officer (ADO), facility PREA coordinator, and superintendent. The notification shall be 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.

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): IIB shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution.

Interview with Investigative Staff: All IIB investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. All investigators have former law enforcement experience. The 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. IIB 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): All case records associated with claims of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling shall be retained in accordance with the records retention schedule.

There were no reports to review, due to the facility not having allegations of sexual abuse or sexual harassment in the past 12 months.

Reasoning and analysis by provision: 115.371 (k)

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, (page 3): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interview with Investigative Staff: A investigation is not terminated when an employee terminates their employment. IIB will still try and track them down and attempt to conduct an interview and obtain a statement. The same applies when a victim alleging sexual abuse or sexual harassment leaves the facility. IIB will try and find them to conduct an interview and at least get a statement.

Reasoning and analysis by provision: 115.371 (m)

Interview with Facility Administrator: Communication is by email. IIB keeps the facility administrator informed during the investigation process. A report is sent to the facility administrator when the investigation is completed.

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.

Interview with Facility PREA Coordinator/Compliance Manager: The facility remains

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| | <p>informed of the investigation through phone calls and emails. The facility manager/ administrator is the point of contact. IIB communicates with the facility manager/ administrator.</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> |
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| 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, Woodsbend Youth Development Center 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) 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</p> |

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| | <p>there is evidence that a prosecutable crime has taken place, the IIB consults with prosecutors before conducting compelled interviews. The standard of evidence that IIB uses is the preponderance of evidence.</p> <p>Findings: Based on this analysis, the facility substantially exceeds the provision of this standard and corrective action is not needed.</p> |
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| 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, Woodsbend Youth Development Center 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) • Memorandums • Report of Investigative Outcome to Resident • Interview with Facility Administrator • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.373 (a)</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <p>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</p> |

the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. All notifications or attempted notifications shall be documented in the youth's individual client record (ICR).

Memorandum: The Kentucky Department of Juvenile Justice does not conduct its own investigations of sexual abuse or sexual harassment. Investigations into these matters are conducted by outside agencies.

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 Administrative: 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 from Facility Administrator: There have been no instances requiring notification under 115.373 during the previous 12 months at WYDC.

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.

There were no residents who reported sexual abuse.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, (page 3): If the alleged abuser is another resident, DJJ shall inform the resident victim when: DJJ learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility; or the abuser has been moved to another program or facility.

There were no residents who reported sexual abuse.

Reasoning and analysis by provision: 115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0
Of those notifications made in the past 12 months, the number that were documented: 0

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| | <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>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p> |
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| 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, Woodsbend Youth Development Center 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 <p>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.</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. 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</p> |

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, (page 4): Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

Reasoning and analysis by provision: 115.376 (b)

PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, (page 4): Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

Memorandum From Facility Administrator: There have been no terminations, resignations, reports to law enforcement or other sanctions against staff for violating agency sexual abuse or sexual harassment policies during this audit period.

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

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| | <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <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. 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 is substantially compliant with the provisions of this standard and corrective action is not needed.</p> |
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| 115.377 | Corrective action for contractors and volunteers |
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| | <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, Woodsbend Youth Development Center 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)

- Memorandums
- Interview with Facility Administrator

Reasoning and analysis by provision: 115.377 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

- In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (pp. 1 and 2): DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

Reasoning and analysis by provision: 115.377 (b)

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 2): Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

Memorandum from Facility Administrator: There have been no allegations of abuse

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| | <p>by contractors or volunteers during the previous 12 months at WYDC.</p> <p>Memorandum from Facility Administrator: There have been no incidences of remedial measures taken against contractors or volunteers for violations of agency sexual abuse or sexual harassment policies during the previous 12 months at WYDC.</p> <p>Interview with Facility Administrator: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, would not may sure they were not on the grounds.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not needed.</p> |
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| 115.378 | Interventions and disciplinary sanctions for residents |
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| | <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, Woodsbend Youth Development Center 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 Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, DJJ Response to a Report of a PREA Violation, (effective 03/09/2018) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, (effective 04/05/2019) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, (effective 04/05/2019) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, (effective 04/05/2019) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, |

(effective 04/05/2019)

- Memorandum
- Interview with Facility Administrator
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, (pp. 2 and 3): Youth charged with major rule violations shall be afforded due process, including the right to appeal. All youth shall be provided due process consisting of notice of intent to transfer to another out-of-home placement, and an opportunity for the youth to respond either verbally or in writing at the time of notice. In the case of emergency transfers, the youth shall be provided the aforementioned due process as soon as practical.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, (page 3): Each YDC treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, (pp. 1 and 2): Department of Juvenile Justice (DJJ) programs shall use a range of graduated responses, sanctions, and incentives

to reward, motivate, or establish consequences for youth behavior. The use of mechanical restraints, the denial of meals, snacks, or changes in the established menus, and the interference with daily functions of living, such as eating or sleeping shall be prohibited as punitive consequences. Sanctions shall: 1. Be used when dealing with unacceptable behavior; and 2. Be natural, logical, and appropriate to the youth's age, functioning, maturity level, and the behavior for which the youth is being disciplined.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, (page 1): When there is evidence or allegations that a youth has committed a major rule violation, a disciplinary review shall be scheduled with the treatment team. The shift supervisor or Administrative Duty Officer (ADO) shall initiate an investigation within twenty-four (24) hours of the occurrence of an alleged major rule violation. The investigation shall be completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation.

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).

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied

access to other programs and work opportunities: 0

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

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

Interview with Facility Administrator: 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 a request would be made to move the resident to another facility. 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, (page 3): In consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured.

Interviews with Medical and Mental Health Staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for the offending 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 from the Facility Administrator: There have been no instances of disciplinary sanctions taken against residents for sexual abuse during the previous 12 months at WYDC.

Reasoning and analysis by provision: 115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, (page 3): A report made by a staff or a juvenile regarding a sexual incident that is made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, if the investigation does not establish evidence to substantiate the allegation.

Reasoning and analysis by provision: 115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it

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| | <p>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> |
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| 115.381 | Medical and mental health screenings; history of sexual abuse |
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| | <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, Woodsbend Youth Development Center 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 • Interview with Resident who Disclosed Sexual Victimization at Risk Screening <p>Reasoning and analysis by provision: 115.381 (a)</p> <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.</p> <ul style="list-style-type: none"> • In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100% |

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 2): A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, (page 1): A confidential Medical Record shall be maintained for each youth and shall be available to, and used for documentation by, all facility health care practitioners in each clinical encounter with youth.

Interview with Staff That Performs Risk Screening: A follow up meeting with a medical and/or health practitioner is offered to all the residents, regardless of prior sexual victimization. If a resident stated they wanted or needed a follow-up, the referral would be as soon as possible.

Interview with Resident Who Disclosed Prior Sexual Victimization During Risk Screening: The resident stated that they were offered a follow up with medical and medical health when they disclosed they were sexually abused before coming to the facility. It was offered right then.

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 perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, (page 2): A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, (page 1):(page 1): A confidential Medical Record shall be maintained for each youth and shall be available to, and used for documentation by, all facility health care practitioners in each clinical encounter with youth.

Memorandum from the Facility Administrator: We have had no intakes during the last 12 month of youth who have been found to have previously perpetrated sexual abuse.

Interview with Staff That Performs Risk Screening: If the screening indicates that a resident previously perpetrated sexual abuse, a follow up meeting with is offered immediately or as soon as possible.

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 |
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| | <p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1259 371">Evidence relied upon in making determination of compliance:</p> <ul data-bbox="352 443 1442 853" style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 • Memorandum • Interviews with Medical and Mental Health Staff • Interviews with Security and Non-Security First Responders <p data-bbox="279 891 1064 925">Reasoning and analysis by provision: 115.382 (a)</p> <p data-bbox="279 965 1474 1375">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 data-bbox="279 1413 1461 1615">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 data-bbox="279 1653 1442 1771">Memorandum from the Facility Administrator: There have been no incidents of sexual abuse requiring documentation under this standard during the previous 12 months at WYDC.</p> <p data-bbox="279 1809 1453 1928">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 data-bbox="279 1966 1064 2000">Reasoning and analysis by provision: 115.382 (b)</p> <p data-bbox="279 2038 1461 2072">PAQ; If no qualified medical or mental health practitioners are on duty at the time a</p> |

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| | <p>report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</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> |
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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 sexually transmitted infections as medically appropriate. 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.

Reasoning and analysis by provision: 115.383 (g)

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| | <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> |
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| 115.386 | Sexual abuse incident reviews |
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| | <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, Woodsbend Youth Development Center 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 • KDJJ PREA Debrief Process |

- Interview with Facility Administrative
- Interview with Facility PREA Coordinator/Compliance Manager
- Interview with Sexual Abuse Incident Review Team Member

Reasoning and analysis by provision:115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (pp 1 and 2): The superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the facility PREA coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation; Prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the agency PREA coordinator; consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident was motivated by race, ethnicity, gender identity, identification as lesbian, gay, bisexual, transgender, questioning, or intersex, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; assess if the area of the facility where the incident occurred attributed to the abuse; assess the adequacy of staffing levels; assess the need for change in video monitoring or additional equipment; and review the findings of the investigation. The superintendent or designee shall report the review team findings, along with recommendations for improvement, to the regional director and the agency PREA coordinator. The Internal Investigations Branch (IIB) shall work directly with the agency PREA coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The agency PREA coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the department. The agency PREA coordinator shall conduct an annual meeting for the commissioner and executive staff to discuss PREA related matters regarding the department. The agency PREA coordinator shall compile an annual data report that shall be made available to the public.

Debriefing Memo from the Facility Administrator: Memorandum of clarification from Facility Director: There have been no instances requiring debriefing under this standard during the previous 12 months at WYDC.

Reasoning and analysis by provision:115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (page 1): The superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the facility PREA coordinator and any other staff deemed necessary to conference and examine PREA incidents. The review team shall: conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation.

Memorandum from the Facility Administrator: There have been no criminal or administrative investigations required under this standard during the previous 12 months at WYDC.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Memorandum from the Facility Administrator: The facility administrator 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.

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.

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (page 2): The review team shall prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the agency PREA coordinator; consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual

abuse; consider whether the incident was motivated by race, ethnicity, gender identity, identification as lesbian, gay, bisexual, transgender, questioning, or intersex, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; assess if the area of the facility where the incident occurred attributed to the abuse; assess the adequacy of staffing levels; assess the need for change in video monitoring or additional equipment; and review the findings of the investigation. The superintendent or designee shall report the review team findings, along with recommendations for improvement, to the regional director and the agency PREA coordinator. The Internal Investigations Branch (IIB) shall work directly with the agency PREA coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The agency PREA coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the department. The agency PREA coordinator shall conduct an annual meeting for the commissioner and executive staff to discuss PREA related matters regarding the department. The agency PREA coordinator shall compile an annual data report that shall be made available to the public.

Interview with Facility Director: The facility uses the information from the sexual abuse incident review team to determine if policy, training, or facility changes might need to be made. 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.

Interview with Facility PREA Coordinator/Compliance Manager: The facility provides the data for the review team. This is an internal process to ensure compliance on all levels. There is a report of the findings that looks at ways to access and improve the effectiveness of its sexual abuse prevention, detection and response policies and training in response 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. The PREA coordinator/compliance manager makes sure all of the documentation needed for the review is available and starts the process for the review team to meet.

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

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| | <p>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> <p>Reasoning and analysis by provision:115.386 (e) 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> |
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| 115.387 | Data collection |
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| | <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, Woodsbend Youth Development Center 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 <p>Reasoning and analysis by provision: 115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>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</p> |

PREA Compliance Officer to determine statistical data and information required for annual federal reporting purposes regarding PREA. The Commissioner or Agency PREA Compliance Officer may conduct debriefing meetings to discuss any PREA related incidents. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument, The Agency PREA Coordinator requests incident-based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (page 1.): The Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ.

Reasoning and analysis by provision: 115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, (page 2.): The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department.

Reasoning and analysis by provision: 115.387 (f)

PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

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

| 115.388 | Data review for corrective action |
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| | <p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1259 376">Evidence relied upon in making determination of compliance:</p> <ul data-bbox="352 443 1437 853" style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (effective 03/09/2018) • Agency Annual Reports • Interview with Agency Head Designee • Interview with Agency PREA Coordinator • Interview with Facility PREA Coordinator/Compliance Manager <p data-bbox="279 891 1064 925">Reasoning and analysis by provision: 115.388 (a)</p> <p data-bbox="279 936 1452 1182">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.</p> <p data-bbox="279 1216 1481 1664">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.</p> <p data-bbox="279 1709 1474 1865">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.</p> <p data-bbox="279 1910 1433 2067">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</p> |

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| | <p>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.</p> <p>Interview with Facility PREA Coordinator/Compliance Manager: The facility provides the requested data. The facility has an internal process to ensure compliance.</p> <p>Reasoning and analysis by provision: 115.388 (b) PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual reports are approved by the agency head.</p> <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) 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>Interview with Agency Head Designee: Annual reports are approved by the Commissioner.</p> <p>Reasoning and analysis by provision: 115.388 (d) PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</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> |
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| 115.389 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence relied upon in making determination of compliance: |

- Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center 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 assess and improve the effectiveness of its sexual abuse

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| | <p>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> <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</p> <p>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> |
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| 115.401 | Frequency and scope of audits |
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| | <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, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency PREA Coordinator |

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| | <ul style="list-style-type: none"> • 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 Woodsbend Youth Development Center PREA audits were conducted in 2015, 2018, and 2021. The current audit of Woodsbend YDC 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 Woodsbend Youth Development Center and the entire campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> |
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| 115.403 | Audit contents and findings |
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| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the determination compliance:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Woodsbend Youth Development Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review • Documentation Review <p>Reasoning and analysis (by provision): 115.403 (f):</p> |

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| | <p>The auditor observed the 2015, 2018, and 2021 Woodsbend Youth Development Center PREA Audit Reports are published on the agency's website at https://djj.ky.gov/PREA/Pages/default.aspx. The PREA final reports were published within 90 days after the final report was issued by the auditor.</p> |
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| | <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> |
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| Appendix: Provision Findings | | |
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| 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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

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| | 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 |

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| | 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 |

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| | 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 | |

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| (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 |

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

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| | 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 |

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

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| 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 |

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| | 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 |

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| 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 |

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| | 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 | |

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| | 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 |

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| 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.) | yes |
| 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 |

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| 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.) | na |
| 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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? | no |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.352 (b) | Exhaustion of administrative remedies | |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| 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 | |

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| (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 |

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| | 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 |

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| | 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 |

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| 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 |

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| 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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

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| | 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 |