

# PREA Facility Audit Report: Final

**Name of Facility:** Hopkinsville Group Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/30/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Rosa L. Webb	<b>Date of Signature:</b> 01/30/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Webb, Rosa
<b>Email:</b>	derrywebb1959@outlook.com
<b>Start Date of On-Site Audit:</b>	12/15/2025
<b>End Date of On-Site Audit:</b>	12/16/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Hopkinsville Group Home
<b>Facility physical address:</b>	2625 Madisonville Road, Hopkinsville, Kentucky - 42240
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Ronnie Harris
<b>Email Address:</b>	ronnie.harris@ky.gov
<b>Telephone Number:</b>	270-885-4206

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Ronnie Harris
<b>Email Address:</b>	ronnie.harris@ky.gov
<b>Telephone Number:</b>	270-885-4206

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Belinda White
<b>Email Address:</b>	belindaj.white@ly.gov
<b>Telephone Number:</b>	270-746-7156

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

<b>Age range of population:</b>	15-19
<b>Facility security levels/resident custody levels:</b>	Level 2
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	15
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

### AGENCY INFORMATION

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

### Agency Chief Executive Officer Information:

<b>Name:</b>	Randy White, Commissioner
<b>Email Address:</b>	Randy.White@ky.gov
<b>Telephone Number:</b>	502-573-2738

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Amy Keys	<b>Email Address:</b>	amyr.keys@ky.gov
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# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

10

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.315 - Limits to cross-gender viewing and searches
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.333 - Resident education
- 115.335 - Specialized training: Medical and mental health care
- 115.363 - Reporting to other confinement facilities
- 115.365 - Coordinated response
- 115.372 - Evidentiary standard for administrative investigations

### Number of standards met:

33

### Number of standards not met:

0



## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-15
2. End date of the onsite portion of the audit:	2025-12-16

#### Outreach

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

### AUDITED FACILITY INFORMATION

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

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	6
<b>25. 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:</b>	0
<b>26. 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:</b>	0
<b>27. 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:</b>	0
<b>28. 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:</b>	0
<b>29. 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:</b>	0
<b>30. 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:</b>	0

<p><b>31. 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:</b></p>	<p>0</p>
<p><b>32. 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:</b></p>	<p>0</p>
<p><b>33. 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:</b></p>	<p>0</p>
<p><b>34. 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:</b></p>	<p>0</p>
<p><b>35. 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):</b></p>	<p>The facility stated there were no one in the targeted categories to be interviewed. During the interviews, the auditor did not find there were any residents who met this categories to be interviewed.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. 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:</b></p>	<p>15</p>
<p><b>37. 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:</b></p>	<p>0</p>

<b>38. 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:</b>	0
<b>39. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	There were only six residents in the facility. The auditor interviewed all six residents.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

<p><b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b></p>	<p>There were only six residents in the facility. The auditor interviewed all six residents.</p>
<p><b>44. 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):</b></p>	<p>There were no barriers in interviewing the residents. All six consented to being interviewed.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>0</p>
<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>	
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>48. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>49. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>50. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>51. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>52. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>53. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>54. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>55. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p><b>56. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>

<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>5</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>There were five direct care staff scheduled during the onsite portion of the audit. The auditor interviewed all five, including the night shift.</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were five direct care staff scheduled during the onsite portion of the audit. The auditor interviewed all five, including the night shift.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>17</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<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)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Grievance Staff
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	There were no volunteers or contractors working with the facility during the audit period.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<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>	
<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Was the site review an active, inquiring process that included the following:**

**72. 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)?**

- Yes  
 No

**73. 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)?**

- Yes  
 No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

- Yes  
 No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

- Yes  
 No

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the first day of the visit, accompanied by the Facility Manager, Youth Services Program Supervisor, PREA Compliance Manager, Agency PREA Coordinator, and two members of the agency PREA Branch. There was one housing unit. There were a total of six residents in this all male group home. The auditor was given access to the cameras and observed the different camera angles to ensure there were no identifiable blind spots. During the site review the auditor noted PREA audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor tested the following critical functions:</p> <ul style="list-style-type: none"> <li>• The facility’s process for securing interpretation services</li> <li>• Internal reporting methods for confined persons (grievance procedure)</li> <li>• External reporting methods for confined persons (IIB Hotline)</li> <li>• Access to outside emotional support services (The Sanctuary House)</li> <li>• Third-Party Reporting (calling the number provided on the posters and the website)</li> </ul>
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**Documentation Sampling**

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

<p><b>77. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records, as well as background checks. The resident documents reviewed included intake records, resident education, and risk screening instruments. 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.

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no reported allegations of sexual abuse in the past 12 months, therefore, there were no investigation files to review.

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no reported allegations of sexual harassment in the past 12 months, therefore, there were no investigation files to review.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no reported allegations of sexual abuse or sexual harassment in the past 12 months, therefore, there were no investigation files to review.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

Correction Consulting Services

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1503, PREA: Zero Tolerance and Prohibited Conduct (revised 08/20/2025)</li> <li>• Kentucky Department of Juvenile Justice Agency Organizational Chart</li> </ul>

(effective 12/01/2024)

- Hopkinsville Group Home Facility Organizational Chart (effective 08/25/2025)
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Observations Made During Onsite Visit

**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): Policy: This policy and procedure 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.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 901 (pp. 1 and 2): In accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution. 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 volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1503: Hopkinsville Group Home (HGH) staff, volunteers, contractors, and interns: Shall not have any type of sexual relationship with the youths, either physical or verbal. If any

accusations are made by the youth, then IIB will be notified immediately. Any staff violating this procedure shall be subject to disciplinary action up to and including dismissal or termination. Any contractors, interns, or volunteers working at HGH who violate this procedure shall be denied access to DJJ facilities and youths.

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

**Reasoning and analysis by provision: 115.311 (b)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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 have PREA compliance managers, however their titles are PREA coordinators. They have been the PREA branch manager for three years and were named as the assistant director of compliance in June of 2023. They have a staff of three in the PREA branch division, as well as a policy coordinator. The three staff are known as juvenile program administrators and are assigned to the various facilities as additional support.

**Reasoning and analysis by provision: 115.311 (c)**

PAQ: The facility has designated a PREA compliance manager. The PREA compliance

	<p>manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure.</p> <p>KYDJJ Hopkinsville Group Home Standard Operating Procedures 1503: The HGH Manager shall appoint a facility PREA coordinator to train all HGH staff with PREA standards, as well as to manage facility compliance.</p> <p>Hopkinsville Group Home Facility Organizational Chart: The administrative specialist position is on the organizational chart. The position answers to the facility manager.</p> <p>Interview with the PREA compliance manager: The administrative specialist senior is designated as the facility's PREA compliance manager. This position is designated on the facility organizational chart. The compliance manager oversees the facility's efforts to comply with the PREA standard, as well as the ACA standards. They indicated they have enough time to manage all the PREA related responsibilities. They have a back-up PREA compliance manager as well. The compliance manager ensures all staff are trained and they conduct a refresher training every March. When they identify an issue with compliance, they consult with the facility manager and reach out to the DJJ PREA Branch representative to develop a plan.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Memorandum of Agreement Terms and Conditions for eight Private Child Care Placements</li> <li>• Interview with Agency Contract Administrator Staff</li> </ul> <p><b>Reasoning and analysis by provision: 115.312 (a)</b></p> <p>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>

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

Kentucky Justice and Public Safety Cabinet Department of Juvenile Justice Policy and Procedures 904 (pp.1 and 2): Requires private child care facilities and detention centers that have contracts with the Department of Juvenile Justice (DJJ), to care for juveniles, shall institute zero tolerance policies and protocols to prohibit the sexual abuse, sexual harassment, sexual contact, or any sexual offenses directed toward a juvenile who is placed in the custody, care, or supervision of that private child care facility or detention center by DJJ. All contracts with a private childcare facility and detention center shall have language that requires the contract provider and all staff that are employed by that entity to comply with the Prison Rape Elimination Act of 2003 (PREA) standards detailed within their respective contracts. DJJ shall only contract with private child-care facilities and detention centers that have PREA policies and protocols in effect to protect youth that are placed in their custody, care, or supervision by DJJ. The Kentucky Department of Juvenile Justice contracts for the confinement of residents and since the last PREA audit was eight: Arbor House, Father Maloney's, Boys Haven Inc., Gateway Juvenile Diversion Project Inc., Methodist Home of Kentucky Inc PCC Agreement, Methodist Home of Kentucky Inc SB162 Diversion Program, NECCO Inc., Ramey Estep Homes, Inc., and Specialized Alternatives for Families and Youth of Kentucky, Inc.

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

**Reasoning and analysis by provision: 115.312 (b)**

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

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

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

Interview with Agency Contract Administrator Staff: The agency level designee/ contract administrator confirmed the agency, and facility does contract with other entities for the confinement of residents and the PREA language is written into its

	<p>contracts. The agency level designee/contract administrator continually monitors confinement facilities for PREA compliance on an annual basis. The contract administrator explained that contracts with private providers or entities are renewed on a twelve-month basis. All eight private provider memorandums were last updated in 2022. PREA compliance results for the current contract will be completed prior to the end of the 3-year cycle. They are in year one of the current cycle.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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115.313	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1508, PREA: Facility Security Management (revised 08/20/2025)</li> <li>• Shift Reports</li> <li>• Hopkinsville Group Home staffing plans for 2023, 2024, and 2025</li> <li>• Unannounced facility visits (rounds) form and logs dated 2025</li> <li>• Memorandum</li> <li>• Interview with Facility Manager</li> <li>• Interview with PREA Compliance Manager</li> <li>• Interview with Agency PREA Coordinator</li> <li>• Interview with Intermediate or Higher-Level Facility Staff</li> <li>• Observations Made During Onsite Visit</li> </ul> <p><b>Reasoning and analysis by provision: 115.313 (a)</b>  PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.</p>

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

Interview with facility manager: The facility manager confirmed that the plan is completed annually and is maintained by the facility manager. The facility manager stated the plan is inclusive of all the standard provision requirements. The facility is a group home so the detention and correctional practices do not apply. If they applied, the facility manager said they would be applied. The facility always considers any judicial or federal findings of inadequacy. The facility operates under the Kentucky Department of Juvenile Justice and follows its policies and procedures.

All components of facility's physical plant, the composition of the resident population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable state or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors are always considered. The facility is a sex offender program and any relevant factors that apply to the unique programming are considered. To ensure compliance, the plan is reviewed at least annually as part of the management team meetings. In addition, if the facility makes any adjustments necessary to be in compliance with the plan. Staffing levels are always reviewed. Video monitoring is a supplemental part of the plan. The facility makes sure that they have more than enough eyes on the residents and are aware of any blind spots. The facility is currently undergoing construction in the recreation center.

Interview with PREA compliance manager: The facility considers all 11 of the requirements outlined in the standard. The facility follows secure residential practices and standards. In addition, the facility follows the policies and procedures of the Kentucky Department of Juvenile Justice and the PREA Branch of DJJ.

**Reasoning and analysis by provision: 115.313 (b)**

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

Interview with facility manager: The facility manager confirmed there have been no deviations from the staffing plan. If there were any deviations they would be documented.

**Reasoning and analysis by provision: 115.313 (c)**

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

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 910, (page 2): The Department of Juvenile Justice (DJJ) shall implement quality controls for staff and youth in DJJ facilities to control movement, maintain adequate staffing patterns, and promote accountability. Facility staff shall be assigned to shifts to maintain appropriate staff to youth ratios at all times. Each shift shall have a designated supervisor that is responsible for determining the presence of sufficient staff and staffing patterns and take the necessary actions to correct deficiencies. Group homes shall maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours.

Hopkinsville Group Home staffing plan 2025: The plan documents that there are two staff on every shift.

Observations made during onsite visit: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. In formal and informal conversations with the facility manager and random staff, it was noted that these ratios are being met. There have been no deviations from the staffing ratios in the past 12 months.

Shift reports: The auditor reviewed the facility's shift reports and confirmed that they are meeting the staffing ratios.

Interview with the facility manager: The facility manager stated that PREA standard is 1:8 for waking hours and 1:16 for sleeping hours. The facility always has at least two staff on duty. Staff, including the facility manager, are willing to work over and work as a team to ensure the staffing ratios are met.

**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.

Memorandum: When trouble shooting or needing cameras fixed, a help desk ticket is sent to COT. COT remotes into the system to find out what the problem is then fixes it. If COT is not able to fix through remote use, they come out to fix the problem.

Hopkinsville Group Home staffing plans for 2023, 2024 and 2025: The auditor reviewed the staffing plans. The plans are completed at least annually.

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

**Reasoning and analysis by provision: 115.313 (e)**

	<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 Hopkinsville Group Home Standard Operating Procedures 1508: The Manager or designees to include SSW and YSPS shall visit the facility at least once per week. These unannounced rounds shall occur on 1st, 2nd, and 3rd shift each month outside of normal business hours to observe facility operations, specifically, bedrooms, counseling, and recreational areas. The facility prohibits staff from alerting other staff of the conduct of such rounds. Manager or designee shall sign in on the daily log and make a notation in the Logbook.</p> <p>Unannounced facility visits (rounds) form and logs dated 2025: The auditor reviewed the unannounced forms and logbook entries for the 2025 calendar year. They showed that the PREA unannounced rounds were regularly occurring on all three shifts.</p> <p>Interview with Intermediate Higher-Level Facility Staff: Unannounced rounds occur at least once per week on each shift. In addition, to doing visual checks, the staff member also reviews the cameras to see if there have been any issues prior to the unannounced round. The staff member just shows up for the rounds and parks at the end of the driveway, and no one is alerted that they are there. The unannounced rounds are documented in the logbook, on a form and on the shift reports.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 325, Searches (effective 04/05/2019)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 300.6, PREA: Searches (revised 08/20/2025)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home</li> </ul>

Standard Operating Procedures, Number 1508, PREA: Facility Security Management (revised 08/20/2025)

- 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
- Memorandum
- Interviews with Five Random Staff
- Interviews with Six Random Residents
- Observations Made During Onsite Visit

**Reasoning and analysis by provision: 115.315 (a)**

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

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

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures 300.6: When conducting pat down searches, if possible, two (2) staff that are the same gender as the youth 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. Staff shall have 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. Searches should be logged in the daily logbook.

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

**Reasoning and analysis by provision: 115.315 (b)**

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

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

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures 300.6: When conducting pat down searches, if possible, two (2) staff that are the same gender as the youth 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. Staff shall have 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. Searches should be logged in the daily logbook.

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

Cross Gender Pat Down and Visual Body Searches training curriculum, training video and power point presentation: The agency shall not conduct cross-gender physical searches. In exigent circumstances when there are no staff of the same sex

available, cross-gender staff shall conduct visual searches until a same gender staff can be located to perform a pat-down/frisk. The facility should not conduct cross gender strip searches or cross-gender visual body cavity searches.

Interviews with six random residents: All six random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body or seen them fully naked.

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

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

**Reasoning and analysis by provision: 115.315 (c)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 325 (page 2): Cross-gender searches shall only be conducted under exigent circumstances and shall be documented.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 300.6: Searches should be logged in the daily logbook.

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 Hopkinsville Group Home Standard Operating Procedures,1508: Staff of the opposite gender shall announce their presence (even though accompanied with a same gender staff) when entering the group home, bedroom, bathroom, or any other area the youths are in; additionally, opposite gender staff shall always be accompanied with a same gender staff when in the presence of the youths. Staff of the opposite gender shall announce their presence when entering a youth housing

	<p>unit, or any area where youths are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Memorandum: When youth shower, perform bodily functions, or change clothes they are in either of one of the two bathrooms behind closed doors that lock, youth are not to change clothes in bedrooms that are open to all youth and staff.</p> <p>Interviews with six random residents: All six random residents stated that staff of the opposite gender announce their presence when entering the housing unit. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that no member of the opposite gender had conducted a pat down search of them or seen them fully naked.</p> <p>Interviews with five random staff: All five random staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.</p> <p>Observations made during onsite visit: The residents can dress, shower and use the toilet without being viewed by staff of the opposite gender. Residents shower one at a time. Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</b></p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 404.1, Health and Safety Service, Admission Screening for Physical and Behavioral Health Challenges</li> </ul>

(effective 11/04/2020)

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 205, Admissions, Youth Rights (effective 04/05/2019)
- Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1500, PREA: Youth Education Curriculum Guide (revised 08/20/2025)
- 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, Hopkinsville Group Home 2024-2025 Resident Handbook in English and Spanish
- Interpreter Logs 2024-2025
- Interview with Agency Head
- Interviews with Random Staff
- Observations during site review

**Reasoning and analysis by provision: 115.316 (a)**

PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 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, 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, 404.1, (page 2): 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 selfcare and personal hygiene in a reasonably private environment.

Interview with agency head: The agency head confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. If a resident with disabilities needs assistance, arrangements will be made to provide the necessary and required assistance. They stated that interpreter services are available through the telephone.

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

**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, 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, 301, (pp.1 and 6): At admission and during the orientation process youth shall undergo the following: an orientation to the program's procedures, rules, programs, and services in language that the youth understands. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed.

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

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

Interpreter logs from September 2024 to September 2025: The auditor reviewed the interpreter logs and confirmed that a log is used if needed. There have been no incidents during this time period when an interpreter was used.

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

**Reasoning and analysis by provision: 115.316 (c)**

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

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

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: Hopkinsville Group Home youths shall not be used as interpreters, readers, or for any other types of youth assistance for translation except in exigent circumstances

Memorandum: There have been no incidents where resident interpreters, resident readers, or other types of resident assistance, have been used.

Interviews with random staff: All staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All stated that to the best of their knowledge this has never occurred.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 902, Prison Rape Elimination Act, Personnel Procedures, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 106.3, Administration, Background Checks, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 134, Administration, Records Request, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 102, Administration, Code of Ethics, (effective 12/01/2014)
- PREA Requirements for DJJ Staff form
- Review of staff new hire paperwork
- Review of random staff background checks
- Five year background check memo
- 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, 902, (page 2): DJJ shall not hire, promote, or transfer a person into DJJ as a staff or use a person as a volunteer, intern, or contractor who has engaged in sexual abuse or sexual harassment in a prison, jail, community confinement facility, juvenile facility, or other institution; been convicted of engaging in or attempting to engage in sexual activity by force, implied threats of force, coercion, or if the victim did not consent to or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if a victim did not consent or was unable to consent or refuse.

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

**Reasoning and analysis by provision: 115.317 (b)**

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

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

Interview with administrative (HR) staff: The facility considers prior incidents of sexual abuse and sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

**Reasoning and analysis by provision: 115.317 (c)**

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 3

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 902, (pp. 1, 2 and 3): The Department of Juvenile Justice (DJJ) shall conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). DJJ shall maintain and facilitate personnel procedures to ensure that current staff, newly hired staff, volunteers, interns, and contractors have cleared all background checks required by this policy before having contact with juveniles under the custody, care, or supervision of DJJ. DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment with DJJ, including the following: criminal background or National Crime Information Center (NCIC) check; sexual offender registry check; and child abuse and neglect registry check. A newly hired staff, volunteer, intern, or contractor shall not interact with or have access to juveniles in the custody, care, or supervision of DJJ without the supervision of a qualified DJJ staff, until the Personnel Branch has cleared the individual to work with juveniles. DJJ shall make a good faith effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse.

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

Interview with administrative (HR) staff: Background checks are completed on everyone to include employees, volunteers, and contractors. The agency asks all applicants, employees who make have contact with residents about previous misconduct described in section (a): if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is done through self-evaluations conducted as part of the hiring and promoting process. These checks include criminal history, NCIC, CANS and the PREA form. The facility sends the forms to the HR office in Frankfort and they complete the background 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, 106.3, Administration, Background Checks, (pp.1 and 2): The department shall require that background checks be conducted for all Department of Juvenile Justice (DJJ) staff, applicants, volunteers, interns, and contractors having contact with DJJ youth. DJJ shall require the following background checks on all DJJ staff,

volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ: criminal background or records check; sexual offender registry check; and child abuse and neglect registry check.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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).

There were no contractors who started within the past 12 months which had background checks to review.

Interview with administrative (HR) staff: Background checks are completed on everyone to include employees, and contractors.

**Reasoning and analysis by provision: 115.317 (e)**

PAQ: Agency policy requires that 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, 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, 902 (page 2): DJJ shall conduct background checks on all DJJ staff every five years. If DJJ is made aware of a criminal offense that may have been committed by a staff or any pending charges brought against a staff, a background check shall be conducted immediately.

Five-year background check memo from the Kentucky Department of Juvenile Justice Human Resources Branch Manager: Please be advised that the Department of Juvenile Justice (DJJ) completed 5-year background checks for all employees in 2023, in accordance with PREA Standard 115.317 and DJJ Policy 902. The next round of

background checks is scheduled to be completed in the year 2028

Interview with administrative (HR) staff: Background checks are completed every five years for employees and contractors. These include NCIC, CANS, and the PREA questionnaire.

**Reasoning and analysis by provision: 115.317 (f)**

PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 102, Administration, Code of Ethics, (pp.2 and 3): If a staff is arrested for or charged with any offense, other than a minor traffic violation, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. Staff shall not be relieved of the responsibility of providing notice or reporting to work as a result of being detained. If a staff becomes aware that they are the subject of an investigation of child abuse, neglect or dependency, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift.

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

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

Interview with administrative (HR) staff: There is a PREA questionnaire. It is a self-evaluation process and 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. The agency and facility impose upon employees a continuing affirmative duty to disclose any such misconduct.

**Reasoning and analysis by provision: 115.317 (g)**

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

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

**Reasoning and analysis by provision: 115.317 (h)**

PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 134, (page 1): Records shall be requested in writing according to established protocol in compliance with all applicable state and federal statutes. Designated department personnel shall respond to records requests promptly according to the procedures outlined in this policy. The Kentucky Open Records Act (KRS 61.878-61-884) establishes a right of access to public records. All public agencies are required to make all nonexempt public records available to any requester. All non-exempt public records which are prepared, owned, used, possessed, or retained in the normal course of business, shall be made available for inspection or copying. The Ombudsman shall collect and review all records responsive to the request from the appropriate record holder(s) and shall redact all exempt and confidential information contained within the responsive records pursuant to KRS 610.340(1)(a).

Interview with administrative (HR) staff: Confirmed that the agency HR department provides the information as requested. The agency can only give certain information due to laws governing the release of that information.

**Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.**

115.318	Upgrades to facilities and technologies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making determination of compliance:</b> <ul style="list-style-type: none"><li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li><li>• Memorandum</li></ul>

- Interview with Agency Head
- Interview with Facility Manager

**Reasoning and analysis by provision: 115.318 (a)**

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

Memorandum: Please be advised during this audit period the facility is currently under construction in the laundry, recreation/counselors' area, driveway, off the parking lot, and by the basketball court. They have installed a French drain that runs parallel with the basketball court to prevent flooding in that area. Construction began widening the driveway, making it where someone can pull in and out at the same time, and for big trucks to be able to enter the driveway. They also added gravel on the side to widen that area as well. There was a retaining area made from dirt and gravel at the side for the electric company for placement of a new pole due to creek is bed is eroding where the current pole is. On the side of our parking lot the ground started to erode and wash away and so they leveled this and put larger rock over the ground to prevent this. They have built off the recreation room an area for a new bathroom and laundry room. They will be laying new pipes for bathroom and laundry room as well. They have removed what used to be the counselors' office and started building the new counselors' office.

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

Interview with facility manager: There have not been any renovations since the last audit. There are renovations currently underway, but they have not been completed. The recreation center is currently being remodeled to include counselor's offices and a laundry room. The driveway has been widened.

**Reasoning and analysis by provision: 115.318 (b)**

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

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

Interview with facility manager: The cameras offer an extra level of protection. The facility is always considering video monitoring technology to enhance resident's protection from sexual abuse.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1259 378"><b>Evidence relied upon in making determination of compliance:</b></p> <ul data-bbox="352 445 1477 1644" style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA: Allegations, Reports, Incidents, and Allegations (revised 08/30/2025)</li> <li>• Memorandum of Understanding between KYDJJ and Kentucky Association of Sexual Assault Programs (KASAP) (effective 06/16/2025)</li> <li>• Kentucky Association of Sexual Assault Programs (KASAP) Regional Map</li> <li>• Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers</li> <li>• Memorandum</li> <li>• Medical Services Provider Letter</li> <li>• Medical Staff Licenses</li> <li>• Interview with PREA Compliance Manager</li> <li>• Interview with Medical Staff</li> <li>• Interviews with Random Staff</li> <li>• Interview with SAFE/SANE Staff</li> </ul> <p data-bbox="280 1733 1062 1767"><b>Reasoning and analysis by provision: 115.321 (a)</b></p> <p data-bbox="280 1778 1453 2013">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.</p> <p data-bbox="280 2058 1449 2092">Interviews with random staff: All random staff stated they understand the protocol</p>

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 PREA kit. They stated they do not allow the residents to destroy any evidence by showering, brushing their teeth, using the bathroom or changing clothes. They stated they can only request the victim does not do any of these things but can ensure the alleged perpetrator does not.

**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, 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, 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, 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, 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: Please be advised that the SAFE/SANE hospital would be Jennie Stuart Medical Center and after speaking with them there is not a particular person it would be who was on staff at the Emergency Room, they do in fact have several SANE employees and if one was not on staff at the time, they would call one in or a provider is able to do the exam.

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 Jennie Stuart Medical Center where they will provide a qualified medical practitioner to conduct the exam.

Interview with SANE/SAFE Nurse: Jennie Stuart Medical Center is the hospital that the facility would use. The hospital does not have SAFE or SANE staff but would ensure they provide a qualified medical practitioner to conduct a forensic exam if needed.

**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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1504: If the victim requests an advocate, the HGH counselor, or a qualified community member to assist during the medical examination, then the Manager or counselor shall arrange for this assistance on behalf of the youth.

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

Interview with PREA compliance manager: The facility provides a victim advocate,

qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through The Sanctuary House. They are part of the KSAP network and are considered a Rape Crisis Center. The residents are taken to the Sanctuary House for a forensic exam. DJJ ensures the qualifications of the victim advocate service meet what is described in the standard.

There were no residents who reported sexual abuse to be interviewed.

**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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1504: If the victim requests an advocate, the HGH counselor, or a qualified community member to assist during the medical examination, then the Manager or counselor shall arrange for this assistance on behalf of the youth.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through the Sanctuary House. They are part of the KSAP network.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Internal Investigations Branch (IIB) Website</li> </ul>

- Kentucky State Police (KSP) Website
- Interview with Agency Head
- Interview with Investigative Staff

**Reasoning and analysis by provision: 115.322 (a)**

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

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

Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, 906, (pp 1-4): The Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care or supervision of DJJ. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

Interview with agency head: Confirmed that the Internal Investigations Branch conducts administrative investigations for PREA. They also confirmed that criminal investigations are referred to law enforcement and/or the Kentucky State Police.

Interview with investigative staff: The Internal Investigations Branch 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.

	<p>Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, 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>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.</p> <p>Internal Investigations Branch Website: Investigations are conducted for administrative purposes and if criminal violations are discovered, the allegation is referred to law enforcement.</p> <p>Interview with investigative staff: The Kentucky State Police are automatically notified if there is a criminal component to the allegation.</p> <p><b>Reasoning and analysis by provision: 115.322 (c)</b>  Kentucky Justice Cabinet, Department of Juvenile Justice Policy and Procedures, 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><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 502, Professional Development, Pre-Service Training (effective 10/01/2019)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 505, Professional Development,</li> </ul>

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 (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1501, PREA; Training for Staff (revised 08/20/2025)
- Kentucky Department of Juvenile Justice Notice Kentucky Age of Consent
- Staff training acknowledgement forms/training records
- PREA Phases 1, 2, 3, 4, 5 and 10 Training curriculum
- Kentucky Statue 620.030, duty to report, mandatory reporting laws
- Interviews with Random Staff

**Reasoning and analysis by provision: 115.331 (a)**

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents. 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, 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, 501, (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, 502, (pp. 1 and 2): Staff hired or promoted shall be required to complete pre-service training as indicated by job classification, previous job experience, training, or education. The Training Branch shall develop or coordinate the development of, a Preservice Training Plan for new DJJ staff in specified job classifications within the first thirty (30) days of employment. For a Youth Worker Supervisor (YWS), Youth Services Program Supervisor (YSPS), and Juvenile Facility Superintendent (JFS) I, II, and III, the Division Director or designee shall conduct a review of the trainings completed for each staff hired or promoted into these specific job classifications to determine specific training needs and shall develop a Training Plan for that staff accordingly. The training plan may be comprised of some or all of the Academy, In-Service trainings, Office of Diversity Equality and Training (ODET) courses, or other training. The staff's supervisor shall forward the Training Plan to the Training Branch Manager or designee, including all relevant information needed for completion of the plan.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 505, (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).

(KYDJJ) Hopkinsville Group Home Standard Operating Procedures 1501: All HGH staff, volunteers, interns, and contractors shall complete the following PREA trainings: Phase one, Phase two, Phase three, Phase four, Phase five and Phase eight. The HGH counselor shall also be required to complete PREA training Level six. The Agency PREA Coordinator shall be responsible for training all Department PREA Coordinators regarding youth education. The Facility PREA Coordinator will be responsible for training Hopkinsville Group Home staff, volunteers, interns, and contractors regarding PREA youth education.

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

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

training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training.

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

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

**Reasoning and analysis by provision: 115.331 (b)**

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

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

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

**Reasoning and analysis by provision: 115.331 (c)**

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

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

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

Memorandum: The facility schedules PREA training for all staff as needed and information is relayed during general staff meetings, supervisor meetings and other

	<p>miscellaneous briefings.</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><b>Reasoning and analysis by provision: 115.331 (d)</b></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><b>Findings: Based on the analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1501, PREA: Training for All Staff (revised 08/20/2025)</li> <li>• PREA Phase 1 Training - PREA Overview DJJ Policy</li> </ul> <p><b>Reasoning and analysis by provision: 115.332 (a)</b></p>

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: 0

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures. 1501: All HGH staff, volunteers, interns, and contractors shall complete the following PREA trainings: Phase one, Phase two, Phase three, Phase four, Phase five and Phase eight. The HGH counselor shall also be required to complete PREA training Level six.

There were no volunteers or contractors working in or with the facility to be interviewed.

**Reasoning and analysis by provision: 115.332 (b)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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>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>There were no volunteers or contractors working in or with the facility to be interviewed.</p> <p><b>Reasoning and analysis by provision: 115.332 (c)</b>  PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>There were no volunteers or contractors working in or with the facility.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1500, PREA: Youth Education Curriculum Guide (revised 08/20/2025)</li> <li>• Master Agreement with Interpretation &amp; Translation Services (Language Services), (effective 05/19/2015)</li> <li>• Youth Acknowledgement of PREA Education and PREA Documentation</li> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home Handbook, English and Spanish Versions</li> <li>• Kentucky Department of Juvenile Justice trifold brochure, English and Spanish Versions</li> </ul>

- 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 Made During Onsite Visit

**Reasoning and analysis by provision: 115.333 (a)**

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

- The number of residents admitted in the past 12 months who were given this information at intake: 8

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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 childcare 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 comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR).

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: 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. Youth placed at Hopkinsville Group Home shall receive verbal instruction regarding PREA during the following times: During the Initial Intake of the youth; During the initial meeting with the counselor; At Treatment Team meetings; and Upon request for PREA information by the youth.

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

Interview with intake staff: All residents are educated on PREA within an hour of being in the facility. It is part of the intake process and documentation. The youth are shown a PREA video and staff go over the PREA rules with them. The residents watch the PREA video every month.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education on the same day they arrived at the facility during the admission process. The residents stated that this information was provided verbally by watching a video, in the brochures, and in the handbook. The residents stated that they watch the PREA video every 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: 8

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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 comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR).

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: Within 72 hours of intake into Hopkinsville Group Home, the PREA Coordinator or designee shall provide comprehensive age-appropriate education to youths either in person or through video. This information shall include: Education on sexual assault, sexual abuse, sexual harassment, victimization prevention, and intervention; The zero tolerance PREA policy of DJJ; How to protect yourself from becoming a victim and avoid high risk situations while placed in a facility; Services and programs available for a youth who has a history of sexually assaultive behavior or a youth who has been a victim of a previous sexual assault, sexual abuse, or sexual harassment; 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; How to obtain medical assistance, counseling services, and treatment if victimized; and The risk and potential disciplinary action, including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. The PREA Coordinator, or designee in the absence of the PREA Coordinator, shall provide and read the following PREA education documentation to each youth within 72 hours of intake: Youth PREA Pamphlet and Youth Education Booklet

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, giving the residents PREA pamphlets and the information is in the handbook. The facility does it on the same day of admission and no later than within 72 hours.

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 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, 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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: The PREA Coordinator, or designee in the absence of the PREA Coordinator, shall provide and read the following PREA education documentation to each youth within 72 hours of intake: Youth PREA Pamphlet and Youth Education Booklet

Interview with intake staff: All residents, new or transfers are educated on PREA within an hour of being in the facility. It is part of the intake process and documentation. The youth are shown a PREA video and staff go over the PREA booklet as well as the handbook. The residents watch the video every month.

**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, 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, 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, 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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: PREA Policy information shall be made available in an accessible format to youth with disabilities, and/or who speak limited English. If the youth does not understand English, the PREA Policy will be provided to the youth in his native language.

The following educational materials were provided in both English and Spanish versions: KDJJ Hopkinsville Group Home Handbook, KDJJ trifold brochure, KDJJ Resident Education presentation, and KDJJ 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 made during onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

**Reasoning and analysis by provision: 115.333 (e)**

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures 1500: Within 72 hours of intake into Hopkinsville Group Home, the PREA Coordinator (or designee) shall obtain a PREA acknowledgement from the youth stating that the youth received comprehensive instructions on the right to be free from sexual assault, sexual abuse, sexual harassment and sexual misconduct, reporting instructions, and the right to be free from retaliations for reporting such incidents. The documentation will be placed in the youth's Individual Client Record.

	<p>KYDJJ Youth Acknowledgement of PREA education and PREA Documentation: The auditor reviewed the signed Youth Acknowledgement of PREA Education and Documentation forms for all current residents of the facility. The signed form documents that the residents have received the education and have understood the material they were given.</p> <p><b>Reasoning and analysis by provision: 115.333 (f)</b></p> <p>PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>The following educational materials were provided in both English and Spanish versions: KDJJ Hopkinsville Group Home Handbook, KDJJ trifold brochure, KDJJ Resident Education presentation, and KDJJ Resident Safety Education flyers. Residents are given a copy of these at intake. In addition, this information is read by staff to the residents.</p> <p>Observations made during onsite visit. The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, and common areas. and the school area.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet Internal Investigations Branch Policy Number IIB-013, Prison Rape Elimination Act (PREA) Investigations, (effective 06/23/2021)</li> <li>• Training certificates for investigators</li> <li>• Interview with Investigative Staff</li> </ul> <p><b>Reasoning and analysis by provision: 115.334 (a)</b></p> <p>PAQ - The agency does not conduct administrative or criminal sexual abuse investigations.</p> <p>Kentucky Justice and Public Safety Cabinet Internal Investigations Branch policy</p>

number IIB-013, (page 4): IIB management shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

**Reasoning and analysis by provision: 115.334 (b)**

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

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

**Reasoning and analysis by provision: 115.334 (c)**

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

**Finding: The agency does not conduct investigations. These are conducted by the Kentucky Internal Investigations Branch and the Kentucky State Police. The information provided is from the Internal Investigations Branch.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 408.1, Health and Safety Services, Forensic Information, (effective 10/05/2018)
- PREA Phase 1 Training Curriculum
- PREA Phase 6 Training Curriculum
- Medical and Mental Health DJJ Acknowledgement of Phases 1 and 6 Training Medical and Mental Health
- Memorandum
- Interview with Medical Nurse
- Interview with Mental Health Staff

**Reasoning and analysis by provision: 115.335 (a)**

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

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 2
- 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, 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, 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, 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 of service shall be contacted to perform this service.

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

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

**Reasoning and analysis by provision: 115.335 (c)**

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

	<p>Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health: The auditor reviewed the training acknowledgement forms for the medical and mental health staff. They signed the forms, acknowledging that they had received and understood the training.</p> <p><b>Reasoning and analysis by provision: 115.335 (d)</b></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, 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><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• 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)</li> <li>• Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener</li> <li>• Sample of resident Vulnerability Assessment</li> <li>• Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness</li> <li>• Interviews with Random Residents</li> <li>• Interview with Agency PREA Coordinator</li> <li>• Interview with PREA Compliance Manager</li> </ul>

**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: 8

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

Interview with staff that perform screening for risk of victimization and abusiveness: Residents are screened during intake for risk of sexual abuse victimization or sexual abusiveness toward other residents. These are completed less than six hours after the youth is admitted. One of the first things the facility does is review the documentation and background information that comes with the youth. The staff meet with the youth to get more information if possible. Conversations with youth are a big part of the assessment process. The staff also uses this time to start building rapport with the youth. The assessment is mainly yes/no questions. Residents' risk levels are reassessed quarterly.

Interviews with random residents: All the random residents stated they remember when they first came to the facility being asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they thought they might be in danger at the facility.

**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

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

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

**Reasoning and analysis by provision: 115.341 (c)**

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; 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, 905, (page 2): The screening tool shall ascertain the following information: prior sexual victimization or abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or developmental disabilities; intellectual development; physical disabilities; resident's perception of vulnerabilities; and Information to indicate heightened need for supervision or safety precautions, or separation from certain residents.

Interview with staff that performs screening for risk of victimization and abusiveness: The assessment considers any past physical and/or sexual abuse, the history of the resident (criminal and social), age, size, and whether they are vulnerable to be a victim or an aggressor. The assessment is read to the residents. There are prompts. It is mostly yes/no questions.

**Reasoning and analysis by provision: 115.341 (d)**

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

Interview with staff that perform screening for risk of victimization and abusiveness: One of the first things the facility does is review the documentation and background information that comes with the youth. The staff meet with the youth to get more information if possible. Conversations with youth are a big part of the assessment process. The staff also uses this time to start building rapport with the youth. The assessment is mainly yes/no questions. Residents' risk levels are reassessed quarterly.

	<p><b>Reasoning and analysis by provision: 115.341 (e)</b></p> <p>PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>Interview with the 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 PREA compliance manager: The assessments are limited to the facility manager, the PREA Compliance Manager, both counselors and the youth service program supervisor.</p> <p>Interview with staff that perform screening for risk of victimization and abusiveness: Youth workers are given information to which youth are at risk. The assessment is shared with the PREA compliance manager, the superintendent and the youth service program supervisor.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, (effective 04/05/2019)</li> <li>• Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1506, PREA: Juvenile Vulnerability and Assessment Procedure (revised 08/20/2025)</li> <li>• Memorandum</li> <li>• Interview with Agency PREA Coordinator</li> <li>• Interview with Facility Manager</li> </ul>

- Interview with PREA Compliance Manager
- Interview with Staff that Perform 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, 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 facility administrator: During youth's initial intake, staff will go over PREA education, and the youth will watch the PREA educational video. Staff would then administer the Victimization and Sexual/Physical Aggression Screener (VSPA-s) which would then take into consideration when placing residents in their assigned room. Therefore, if a Youth were to score high on the VSPA-s that youth would be placed in bedroom 1 where the youth would be monitored closely since it is the closest to the staff's workstation.

Interview with PREA compliance manager: Housing assignments and placements are based on the scores of the vulnerability assessment to make sure the residents are safe.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment is used for making room placements.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1506: The Manager, counselor or YSPS will conduct a vulnerability assessment on each new intake at HGH to determine the most appropriate room assignment. Additional vulnerability assessments will be conducted quarterly from the youth's entry date and if a PREA violation is alleged.

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

Interview with facility manager: The facility does not use isolation.

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

**Reasoning and analysis by provision: 115.342(h)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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>Interview with facility manager: The facility does not use isolation.</p> <p><b>Reasoning and analysis by provision: 115.342(i)</b></p> <p>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>Interview with facility manager: The facility does not use isolation.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA: Allegations, Reports, Incidents, and Investigations (revised 08/20/2025)</li> <li>• Kentucky Department of Juvenile Justice trifold brochure, English and Spanish Versions</li> <li>• Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish Versions</li> <li>• KASAP-DJJ MOU</li> <li>• Memorandum</li> <li>• Interview with PREA Compliance Manager</li> <li>• Interviews with Random Staff</li> <li>• Interviews with Random Residents</li> <li>• Observations Made During Onsite Visit</li> </ul>

**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, 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, 907: 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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: Hopkinsville Group Home staff, volunteers, contractors, and interns shall call the IIB hotline anytime there is a PREA violation allegation. The Hotline number is posted in the living area of the group home. All HGH staff shall stay alert for any signs, suspicions, and/or situations that may indicate a possibility for a PREA violation. The youths have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual offense to a staff member and/or the IIB Hotline without retaliation from any other person.

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

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

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

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

**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, 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, 07: 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.

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

Interview with PREA compliance manager: Residents can call the Internal Investigations Branch (IIB) hotline. If the hotline is called, the Ombudsman will contact the facility to them know a report has been made. The resident can remain anonymous. They can also use the grievance process.

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

**Reasoning and analysis by provision: 115.351 (c)**

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

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

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 and document it.

**Reasoning and analysis by provision: 115.351 (d)**

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

Interview with PREA compliance manager: The residents can talk to a staff member, talk to their parents, call the Internal Investigations Branch hotline, or use the grievance process. They normally use the grievance process. The facility provides the necessary forms and assistance to write a grievance.

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

	<p><b>Reasoning and analysis by provision: 115.351 (e)</b>  PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 06, (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.</p> <p>Staff PREA Acknowledgement of Phase 1 PREA Training: The auditor reviewed the staff acknowledgement training forms for Phase 1 which includes the duty to report. Slide 13 reviews the Mandatory Reporting Laws for the State of Kentucky.</p> <p>KRS 620.030 states that any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to the Kentucky State Police, the Commonwealth’s attorney or County attorney, or the cabinet or its designated representative within 48 hours</p> <p>Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by contacting the Internal investigations Branch (IIB) Hotline or a supervisor.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice</li> </ul>

Policy and Procedures, Policy Number 331, Programs and Services, Grievance Procedure, (effective 04/05/2019)

- Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA: Allegations, Reports, Incidents, and Investigations (revised 08/20/2025)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, Duty to Report, Mandatory Reporting Laws
- Grievance Procedure - Hopkinsville Group Home Resident Handbook
- Interview with Grievance Staff
- Observations Made During Onsite Visit

**Reasoning and analysis by provision: 115.352 (a)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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 grievance without fear of retaliation. Each facility shall make available grievance documentation located in an area that is easily accessible to youths. Each facility shall provide one or more clearly marked lockboxes for the submission of a grievance. The lockbox shall be in an open area accessible to all youth. The grievance officer shall be responsible for the management of the lockbox. If a youth is unable to adequately express the grievance in written form, the youth shall be allowed to present the grievance to the designated grievance officer verbally. Youth shall acknowledge all grievance findings, to include withdrawals, with their signature. The grievance officer shall document any refusals to acknowledge the grievance findings.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: If a youth files a grievance involving a PREA violation, then the facility staff shall immediately contact the IIB hotline, direct supervisor, Manager, and the facility PREA Coordinator.

Grievance procedure: Step One Youth shall discuss the matter either with the staff person involved or the grievance officer. The grievance officer shall take into consideration the youth and staff person's ability to informally resolve the grievance issue. Step Two You must begin this step within 48 hours of the incident you are grieving. Fill out the grievance form, being as specific as possible. You should put the following information on the form: • Information concerning the issued being grieved. • Information concerning the effort to informally resolve the issue. • What you want to happen During this step you may use a Grievance Aide to help you. If one is not available, or you are having trouble with the form, you can present your grievance verbally. Step Three The written form should be placed in the secure lock

box within 48 hours of the incident being grieved. The written grievance shall be retrieved by the designated grievance officer within 2 business days of the grievance being filed. The designated grievance officer shall conduct youth and staff interviews within 3 business days of receiving the grievance. Upon conclusion of the interviews and review of relevant documentation the designated grievance officer shall present a written response to the youth within 3 business days. Step Four If you do not agree with the decision by the Grievance Officer you can, within 48 hours forward the grievance to the Manager for an appeal. You should include all information outlined in Step Two (all information given to the Grievance Officer). Within 3 business days of receiving the appealed grievance resolution, the Manager shall meet with: The Designated Grievance Officer • The youth • Staff involved and witnesses, at the discretion of the Manager. The Manager shall have up to 5 business days to present a written final response to the youth. A copy of the Manager's final resolution of the appeal, the grievance, and all appropriate attachments shall be forwarded to the Facilities Regional Administrator (FRA) and Office of the Ombudsman. The Grievance Officer will also maintain copies of all information pertaining to this grievance.

Interview with grievance staff: The grievance process is posted throughout the facility. Forms are available in the facility. They are completed and placed in a secure box. One of three grievance officers would review it. Lower functioning residents would receive assistance in filing a grievance.

Observations Made During Onsite Visit: The auditor observed the locked grievance box and the form that can be used to make a grievance. The auditor observed the grievance box being checked.

**Reasoning and analysis by provision: 115.352 (b)**

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 331, (page 3): A grievance shall be submitted by the juvenile within fourteen (14) days of the grieving incident occurrence. The exception to this shall be if the incident falls under the classification of a Prison Rape Elimination Act (PREA) occurrence, such an incident shall not have a time limit applied.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse. They are encouraged to do it immediately, but they can do it anytime. There is no statute of limitations. Residents are asked to use an informal grievance process or attempt to resolve it with staff for everything other than sexual abuse or sexual harassment.

**Reasoning and analysis by provision:115.352 (c)**

PAQ: The agency's policy and procedure allow 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 require 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, 331, (pp. 1 and 3): A minimum of two (2) grievance officers shall be designated for each DJJ program. If the designated grievance officer or Superintendent is directly involved in the grievance, the grievance shall be forwarded to the next line supervisor for resolution.

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

**Reasoning and analysis by provision: 115.352 (d)**

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

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

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

Interview with grievance staff: Grievances never go past 90 days. The officer has three days to make a final decision.

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

**Reasoning and analysis by provision: 115.352 (e)**

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

- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

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

Interview with grievance staff: Anyone can submit a grievance on behalf of the residents if the resident agrees. Parents can file a grievance anytime even if the resident does not agree. If the resident disagrees with a third party filing a grievance for them, it is documented.

**Reasoning and analysis by provision: 115.352 (f)**

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

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

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

	<p>website and through the IIB hotline.</p> <p>Interview with grievance staff: Sexual abuse and sexual harassment would be considered an emergency grievance and would be reported immediately to the Internal Investigations Branch hotline. The decision would be based on the outcome of the investigation of the grievance by IIB.</p> <p><b>Reasoning and analysis by provision:115.352 (g)</b></p> <p>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"> <li>• 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</li> </ul> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 06, (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>Interview with grievance staff: There has been no discipline given to a resident that has filed a grievance. There are no such thing as bad grievances.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 310, Program Services, Family and Community Contacts: Mail, Telephone, and Visitation (effective 04/05/2019)</li> </ul>

- 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)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 300.3, Visitation (revised 08/20/2025)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 500, Telephone Usage By Youth, (revised 08/20/2025)
- Hopkinsville Group Home 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
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2025
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- KASAP Process
- Logs for Telephone Usage, Mail and Visitation
- Interview with Facility Manager
- Interview with PREA Compliance Manager
- Interviews with Random Residents
- Observations Made During Onsite Visit

**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): 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 confirmed that they were aware of the outside services that were available. Three of the six could provide the name, The Sanctuary House and the other three stated that they knew where to find the information and stated that it was posted on the walls, on the KASAP map and in the handbook. They all knew that they were sexual abuse programs.

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

Observations made during onsite visit: There was signage throughout the facility that provided information on outside support services. The auditor contacted The Sanctuary House which is the agency that works with this county through KASAP. They confirmed that the residents can call anytime, the service is always free, and the calls remain private unless there are concerns of harm.

**Reasoning and analysis by provision: 115.353 (b)**

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

Interview with random residents: All residents interviewed stated that these calls would remain private unless someone was hurt. They all stated they would be allowed to call anytime they needed to.

**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, 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, 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 with 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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 300.3: Duty staff are responsible to monitor and control all visitors to the program. All visitors are to sign the Visitors Log. The Visitors Log documents the name, purpose, time in, time out of each visitor to the program. Visitors are allowed into youth bedrooms for specific purposes or tours of the facility only, otherwise visitors are to remain in the recreation room. Visitors requiring a degree of privacy may use the staff offices. These visitors may include but are not limited to court officials, family services workers, attorneys, and officials conducting interviews for grievance investigations. Visits for those requiring additional accommodations will be arranged and scheduled at areas meeting the need.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 500: Youth shall have access to a telephone to make calls to guardian/custodian, Juvenile Services Worker, and court officials. Juveniles with hearing and/or speech disabilities, and juveniles who wish to communicate with parties who have such disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment. The frequency of telephone calls to immediate family will be determined by the current level the youth has attained. The guidelines for each level are outlined in the Orientation Handbook.

Hopkinsville Group Home Resident Handbook: Visiting day is Sunday from 1:00pm to 4:00pm (Central Time). This time is provided for your immediate family members. Special arrangements for an alternate visiting day may be arranged by your parents/guardian through the Youth Counselor. Visits are limited to immediate family (i.e., mother, father, grandparents, siblings, guardian). Visits from extended family are not permitted, unless approved by Manager. Mail will not be censored, but we reserve the right to see you open your mail to assure you receive no contraband. Mail will go out Monday through Friday. Postage will be provided each week. Youth will be allowed up to 5 postage stamps per week, stamps do not carry over, but you may purchase additional stamps. There is no limit to incoming or outgoing mail, however, mail may be restricted if it interferes with your treatment. Outgoing mail will be checked for contraband. Telephone hours are from 7:00 p.m. to 9:00 p.m. You will be assigned a phone call day. Phones calls are limited to immediate family (i.e., mother, father, grandparents, siblings, guardian). Sundays are considered a makeup day for phone calls if your calls have not been used.

Logs for Telephone Usage, Mail and Visitation: The auditor reviewed the logs and confirmed that the residents have access to their attorney, and parents or legal guardians.

Interview with the facility manager: Attorneys and legal representatives can call or visit anytime during normal business hours, but they typically only call. The youth are given three calls per week with their family and visitation is every Sunday. The number of calls can be increased to five a week depending on the level or rewards the youth has received.

Interview with the PREA compliance manager: The residents get calls from their attorneys, but rarely do they get visits. They are allowed to visit. The PCM stated that they had not seen an attorney visit the facility in four years. The residents get up to five calls per week depending on their level. Visitation takes place every Sunday.

Interviews with random residents: The random residents stated that they have access to their attorneys and parents, legal guardians, or other family members. Some stated that their parents or guardians visited when they could, but some lived too far away. The residents stated that they can utilize zoom visits if needed.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making determination of compliance:</b>

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, (effective 03/09/2018)
- Internal Investigations Website (IIB)
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish Versions
- Memorandum
- Observations Made During Onsite Visit

**Reasoning and analysis by provision: 115.354 (a)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 906, (pp. 1 and 4): The Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline.

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

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

Observations made during onsite visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone

numbers on third party reporting.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

**115.361 Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 911, Prison Rape Elimination Act of 003 (PREA), DJJ Staff PREA Education and Training, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 140, Administration, Reporting of Special Incidents, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 102, Administration, Code of Ethics, (effective 12/01/2014)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1103, Critical Treatment Incidents (revised 08/20/2025)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, Allegations, Reports, Incidents and Investigations (revised 08/20/2025)
- Hopkinsville Group Home Coordinated First Responder Plan
- Interview with Facility Manager
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Medical and Mental Health Staff

**Reasoning and analysis by provision: 115.361 (a)**

PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1103: A critical treatment incident is defined as a major violation of facility rules. The following behaviors are considered to be Critical Treatment Incidents each time they occur: Absent Without Official Leave (AWOL) or Attempting AWOL; Chronic Program Disruption; Violent Behavior (fighting, threatening, posturing, encouraging peers to fight, use of/threatening to use a weapon or any object that may cause harm to others); Destruction of Property; Possession of Contraband; Sexual Acting Out; Blatant Disrespect of Staff; Interfering with the Treatment or Rights of Others; or

Stealing. Anytime the Violent Behavior or Sexual Acting Out involves a staff member the actions outlined in DJJ # 140 "Reporting of Special Incidents" are to be followed. The incident is to be reported to the Office of Investigations immediately by telephone at 1-800-890-6854. All occurrences of, or suspected occurrences of critical treatment incidents are to be reported in the youth's Individual Client Record and an incident report is to be filed within twenty-four (24) hours. Additionally, the Manager and Duty Officer are to be contacted anytime a critical treatment incident occurs. The Manager or Duty Officer will give instructions as to how to proceed regarding these incidents.

Interviews with random staff: All 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, 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, 911, (pp. 1 and 2): The Agency PREA Compliance Officer or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on: how to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Interview with random staff: All 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, 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, 102 (page 1): Each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/Security Form as a condition of employment or service.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: Hopkinsville Group Home staff, volunteers, contractors, and interns shall call the IIB hotline anytime there is a PREA violation allegation. The Hotline number is posted in the living area of the group home. All HGH staff shall stay alert for any signs, suspicions, and/or situations that may indicate a possibility for a PREA violation. The youths have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual offense to a staff member and/or the IIB Hotline without retaliation from any other person. Additionally, all HGH staff shall follow DJJ PP 906. If for any reason staff suspect a PREA violation may or has occurred in the facility, during a furlough, or in the community, then that staff shall report to following: Immediately report to IIB Hotline; Report to your supervisor; Report to the Manager, and Report to the facility PREA Coordinator.

Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to Internal Investigations Branch, Kentucky State Police, and/or their supervisor.

**Reasoning and analysis by provision: 115.361 (d)**

PAQ: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

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

**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, 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.

Hopkinsville Group Home Coordinated First Responder Plan: The parent or caregiver and juvenile service worker (JSW) of the juvenile victim shall be notified of the alleged PREA violation.

Interview with facility manager: Immediately after everything is secure notifications are made to the parents and JSOs. A report is sent to the court, as well.

Interview with PREA compliance manager: Notifications to the parents/guardians, caseworkers, and the court are made within 72 hours of the allegation.

**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.

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

	<p>Interview with the facility manager: There are no facility investigators. All allegations of sexual abuse and sexual harassment are reported directly to the Internal Investigations Branch (IIB).</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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115.362	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Hopkinsville Group Home Coordinated Response Plan</li> <li>• Interview with Agency Head</li> <li>• Interviews with Random Staff</li> <li>• Interview with Facility Manager</li> </ul> <p><b>Reasoning and analysis by provision: 115.362 (a)</b></p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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.</p>

	<p>Interview with agency head: When staff learn that a resident is subject to the risk of imminent sexual abuse, immediate action will be taken to remove the resident from any potential threats. Actions could include closer supervision, and even a transfer to another facility.</p> <p>Interview with facility manager: The facility would notify the supervisor, separate if needed, get a statement, monitor the behaviors of everyone until the resident feels safe. Involved the counselors and the PREA compliance manager as soon as possible. The expectation is that staff would respond immediately.</p> <p>Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and contact the Internal Investigations Branch.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA; Allegations, Reports, Incidents and Investigations (revised 08/20/2025)</li> <li>• Memorandum</li> <li>• Interview with Agency Head</li> <li>• Interview with Facility Manager</li> </ul> <p><b>Reasoning and analysis by provision: 115.363 (a)</b></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"> <li>• In the past 12 months, the number of allegations the facility received that a</li> </ul>

resident was abused while confined at another facility: 0

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: If a youth at HGH alleges sexual abuse occurred at a different facility, then the staff shall immediately report the allegation to the IIB Hotline, YSPS, PREA Coordinator, and the Manager. The HGH Manager shall notify both the head of the facility where the alleged abuse occurred, as well as IIB and the Facility Regional Administrator. Both notifications shall be up lined immediately, but no later than 72 hours from the time the allegation was reported. The notifications shall be documented in the youth's Progress Notes. If another facility head informs the HGH Manager that a youth has alleged sexual abuse occurred at Hopkinsville Group Home, then the Manager shall notify IIB, YSPS, PREA Coordinator and the Manager's immediate supervisor that the allegation was received. IIB shall investigate the youth's allegation.

**Reasoning and analysis by provision: 115.363 (b)**

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

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

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: If a youth at HGH alleges sexual abuse occurred at a different facility, then the staff shall immediately report the allegation to the IIB Hotline, YSPS, PREA Coordinator, and the Manager. The HGH Manager shall notify both the head of the facility where the alleged abuse occurred, as well as IIB and the Facility Regional Administrator. Both notifications shall be up lined immediately, but no later than 72 hours from the time the allegation was reported. The notifications shall be documented in the youth's Progress Notes.

**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.

Interview with facility manager: This has never happened at this facility.

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

	<p>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>KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: If a youth at HGH alleges sexual abuse occurred at a different facility, then the staff shall immediately report the allegation to the IIB Hotline, YSPS, PREA Coordinator, and the Manager. The HGH Manager shall notify both the head of the facility where the alleged abuse occurred.as well as IIB and the Facility Regional Administrator. Both notifications shall be up lined immediately, but no later than 72 hours from the time the allegation was reported. The notifications shall be documented in the youth’s Progress Notes. If another facility head informs the HGH Manager that a youth has alleged sexual abuse occurred at Hopkinsville Group Home, then the Manager shall notify IIB, YSPS, PREA Coordinator and the Manager’s immediate supervisor that the allegation was received. IIB shall investigate the youth’s allegation.</p> <p>Interview with agency head: The Internal Investigations Branch (IIB) is the designated point of contact for all investigations. They determine whether an investigation is warranted or if a referral is needed for a criminal investigation.</p> <p>Interview with facility manager: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, IIB would be contacted. The process would be the same as reporting any allegation. There have been none of these reported at this facility.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA: Allegations, Reports, Incidents and Investigations (revised 08/20/2025)</li> <li>• Hopkinsville Group Home Coordinated Response Plan</li> </ul>

- Memorandum
- 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, 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.

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: Hopkinsville Group Home First Responders Action Plans: Developed to assist staff with following the correct procedures after receiving a report of sexual abuse, sexual harassment, sexual contact, or any sexual offense. For quick and easy accessibility, a copy of the 'First Responders Action Plans' shall be maintained in the Youth Worker Desk.

Hopkinsville Group Home Coordinated Response Plan: The auditor reviewed the Coordinated Response Plan, and it is a very detailed plan that includes everything addressed in policy..

Memorandum: Please be advised in the event of a PREA violation staff will immediately separate the victim and the other youth, staff would then get the first responders' box and tape off the area to ensure that it remains undisturbed until law enforcement arrives, staff would not allow the youth to shower or cleanse themselves until they are cleared by emergency medical. Staff would contact IIB, KSP, Facility Manager, DJJ PREA Compliance Manager, FRA, and Nurse. The youth would be interviewed by KSP, once released the youth would need to be taken to Sanctuary House where there is a SAFE Exam Room to be forensically examined, staff are not allowed to leave the emergency facility until the juvenile is released. Once the youth and staff return the victim will be evaluated by the QMHP for appropriate counseling and treatment needs. The youth will then consult with the Facility Manager, nurse, counselors, to make appropriate arrangements for group

and housing assignments. The parents and JSW would be notified and the staff that received the report or witness the violation would then need to complete an Incident Report. Interview with random staff: All random staff interviewed could describe the first responder plan. The staff interviewed stated they separate the youth and call for staff assistance, preserve the scene and ensure that the parties involved do not shower, change clothes or use the bathroom. They all stated that notifications are made to supervisors, state police and IIB.

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. Ask that the victim not wash, go to the bathroom, brush their teeth, or change their clothes. Make sure the alleged perpetrator does not wash, go to the bathroom, brush their teeth, or change their clothes. Contact everyone on the notification list such as IIB, Kentucky State Police, supervisors, and medical, as required by the plan.

**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 action 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 allegation that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

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

	<p>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. Make sure the evidence is preserved. Call for security to assist and follow the first responder plan.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon to make determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Hopkinsville Group Home 2025 Coordinated First Responder Plan</li> <li>• Interview with Facility Manager</li> </ul> <p><b>Reasoning and analysis by provision: 115.365 (a)</b></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, 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>Hopkinsville Group Home 2025 First Responder Plan: The written institutional plan documents the facility's coordinated response to an incident of sexual abuse. The plan outlines in detail the responsibilities of staff first responders, medical and mental health professionals, investigators, and facility leadership.</p> <p>Interview with facility manager: The facility has a first responder plan. There is a PREA box with a PREA binder that contains all the steps and instructions for staff to follow. All actions are coordinated and there is a process where notifications are started, and all actions are documented. The PREA box has materials to rope off and secure the area. Kentucky State Police are called to come and gather the evidence, and the incident is reported to the Internal Investigations Branch.</p> <p><b>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.</b></p>
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<p><b>115.366</b></p>	<p><b>Preservation of ability to protect residents from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Memorandum</li> <li>• Interview with Agency Head</li> </ul> <p><b>Reasoning and analysis by provision: 115.366 (a)</b></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 from Kentucky Department of Juvenile Justice: Pursuant to 28 C.F.R. 115.366 of the Federal Prison Rape Elimination Standard (PREA), please be advised that the Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. The KYDJJ does not allow an entity to restrict the department's ability to terminate an employee or remove staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.</p> <p>Interview with agency head:: The agency does not have collective bargaining</p>

	<p>agreements.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Department of Juvenile Justice (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1504, PREA: Allegations, Reports, Incidents and Investigations (revised 08/20/2025)</li> <li>• Interview with Agency Head</li> <li>• Interview with Facility Manager</li> <li>• Interview with Designated Staff That Monitors Retaliation</li> </ul> <p><b>Reasoning and analysis by provision: 115.367 (a)</b></p> <p>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.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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.</p>

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1504: The Manager shall designate staff to monitor for any retaliatory behavior. The Manager shall determine if any staff schedules, youth's bedroom assignments, or ATRs are necessary. Emotional support shall be provided for any youth or staff who fears retaliation. Monitoring for retaliation shall follow for 90 days following a report of a PREA violation and if retaliation is suspected, then the counselor, YSPS, or Manager will immediately determine how to address any possible retaliation. Ultimately, the Manager will have the final determination of how to stop the retaliation. The Manager shall always be informed of any possible retaliation by staff or youths. Continue to monitor past 90 days if retaliation is noted. The Manager may terminate the monitoring process if through the investigation it is determined that the allegations are unfounded.

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

Interview with facility manager: Retaliation is monitored by the PREA compliance manager and/or one of the counselors. The facility monitors up to 90 days and longer if needed.

Interview with designated staff charged with monitoring retaliation: During the monitoring for retaliation, the staff member would be on the lookout for anything out of the ordinary, review the camera and be observant. Staff could be pulled off shift if needed, the residents could be separated or even transferred to another facility. Contact and monitoring are maintained for at least 90 days and longer if needed. Retaliation monitoring is documented on a form.

There were no residents who reported sexual abuse at the facility to be interviewed.

**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, 908, (page 4): Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits changes that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. Juvenile disciplinary reports, housing assignments, facility staff reassignments, program changes, and any negative performance reviews of facility staff involved in the allegation shall be monitored for indications of retaliation. Monitoring shall continue beyond ninety (90) days if any indication of retaliation is noted.

Interview with facility manager: Any retaliation would be reported to IIB for an investigation, Disciplinary sanctions would be looked at and considered up to moving the residents. If the retaliation between residents appears to be criminal, the state police could be called.

Interview with designated staff charged with monitoring retaliation: Retaliation monitoring involves looking at factors or situations that would indicate retaliation. This could include excessive points loss, unfair treatment, or anything out of the ordinary. Retaliation would continue for as long as it takes.

**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, 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 designated staff charged with monitoring retaliation: Retaliation monitoring involves looking at factors or situations that would indicate retaliation. This could include excessive points loss, unfair treatment, or anything out of the ordinary.

	<p><b>Reasoning and analysis by provision: 115.367 (e)</b></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, 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: If a resident or staff member expresses fear of retaliation, the agency would provide emotional support for them.</p> <p>Interview with facility manager: Any retaliation would be reported to IIB for an investigation, Disciplinary sanctions would be looked at and considered up to moving the residents. If the retaliation between residents appears to be criminal, the state police could be called. Mental health would be involved to determine what support services may be needed.</p> <p><b>Findings: Based on the analysis, the facility is substantially compliant with provisions for this standard.</b></p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 318, Program Services, Behavior Management, (effective 04/05/2019)</li> </ul>

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 323, Program Services, Isolation, (effective 04/05/2019)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1103, Graduated Sanctions (effective 08/20/2025)
- Interview with Facility Manager
- Interviews with Medical and Mental Health Staff

**Reasoning and analysis by provision: 115.368 (a)**

PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

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

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

	<p>shall be documented in the observation log. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is needed more frequently. Any treatment provided shall be documented in the youth’s Medical Record. Youth in isolation shall be afforded living conditions and privileges approximating those available to the general population including modified access to hygiene, recreation, educational, and treatment services taking into consideration the youth’s safety needs.</p> <p>KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1103: The Hopkinsville Group Home does not use any form of facility/room restriction, confinement area, or detention area as part of the treatment program.</p> <p>Interview with facility manager: The facility does not use isolation.</p> <p>Interview with medical and mental health staff: The facility does not use isolation.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, Policy Number IIB-001, (06/23/2020)</li> <li>• Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, Policy Number IIB-013, (effective 06/23/2021)</li> <li>• Interview with Facility Manager</li> <li>• Interview with Agency PREA Coordinator</li> <li>• Interview with PREA Compliance Manager</li> <li>• Interview with Investigative Staff</li> </ul>

**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, 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, 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 upline 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, IIB-013 (page 4): This procedure establishes guidelines for Internal Investigations Branch (IIB) investigators for conducting investigations into allegations that meet the criteria under the Prison Rape Elimination Act (PREA). The Internal Investigations Branch will be responsible for conducting administrative investigations into all allegations of sexual abuse involving youth in the custody of the Department of Juvenile Justice (DJJ) or sexual harassment of a DJJ youth by staff. If the allegation is criminal in nature, the allegation shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred.

Interview with investigative staff: The Internal Investigations Branch (IIB) investigates all PREA complaints. The Kentucky State Police and the county attorney are automatically notified if there is a criminal component to the case. IIB has 24 hours to contact the victim, however, the investigation starts immediately. IIB has 30 days to complete the investigation.

**Reasoning and analysis by provision: 115.371 (b)**

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 906, (page 2): An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch,

Procedures for the Internal Investigations Branch, IIB-013 (page 4): IIB shall seek out specialized training for investigators that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, investigating sexual abuse and evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution.

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

**Reasoning and analysis by provision: 115.371 (c)**

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, 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 of the receipt of the complaint. Preservation of evidence at the facility should be requested. Investigators shall document all actions taken by the youth and preserve the evidence.

Interview with investigative staff: The victim would be notified, and a personal one-on-one interview would take place at the facility within 24 to 72 hours based on the severity of the allegation. The facility would be asked to immediately preserve any evidence. All parties involved would be interviewed, any documentation and all video footage would be reviewed. Interviews would be in a private location. Would use a Garrity warning. IIB investigators do not have prosecuting authority. Photographs would be taken if there were injuries. Review forensic medical exams if they are conducted. If the investigator determines there was possible criminal activity, then law enforcement would be notified.

**Reasoning and analysis by provision: 115.371 (d)**

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, 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, 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 them. The IIB investigation would continue if it does not interfere with the criminal investigation. IIB 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, IIB-013 (page 3): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff.

Interview with investigative staff: The credibility of an alleged victim, suspect, or witness will be assessed on the facts and any other evidence available. IIB does not, under any circumstances, require a resident who alleges sexual abuse to a polygraph test or truth telling devices as a condition for proceeding with an investigation.

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

**Reasoning and analysis by provision: 115.371 (g)**

Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, 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, IIB-001 (pp.6 and 7): The investigation shall be completely documented in the final written report. Investigators shall document all the action they took in the investigation in the chronology section of the report. If there is a video that is relevant to the investigation, the investigator shall chronicle the video contents in a narrative in the investigation report. Witness interviews shall be documented and listed in the order the interviews were conducted. Investigators shall complete a synopsis of each interview conducted. Any documents reviewed in the investigation which are pertinent to the case, shall be documented and if copies are submitted, they should

be noted in the form of attachments. If physical evidence is obtained while conducting an investigation, the investigator should complete IIB-8-Property& Evidence Custody. Evidence will be stored in a secured location within IIB under dual signature control.

Interview with investigative staff: The investigator makes every effort to determine whether staff actions or failures to act contributed to sexual abuse. Staff actions and responsibilities are part of the investigation. All investigations are documented in written reports. Investigation reports are in chronological order and include timelines, video footage, interview reports, any attachments and a summary of the investigation.

**Reasoning and analysis by provision: 115.371 (h)**

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

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

**Reasoning and analysis by provision: 115.371 (m)**

PAQ: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interview with facility manager: The facility manager is provided with reports from the investigating agency or entity which is usually the Internal Investigations Branch.

Interview with agency PREA coordinator: The Internal Investigations Branch communicates through email with the facility manager. They provide a report to those who need it at the end of the investigation.

Interview with PREA compliance manager: The PREA Branch of the Department of Juvenile Justice provides updates to the facility when requested.

Interview with investigative staff: The agency investigative staff would provide whatever assistance is needed to an outside agency. DJJ investigators work with the

	<p>law enforcement investigators.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA (PAQ) Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, Policy Number IIB-01 (effective 06/23/2020)</li> <li>• Interview with Investigative Staff</li> </ul> <p><b>Reasoning and analysis by provision: 115.372 (a)</b></p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, IIB-001, (page 7): Investigators shall make a finding to the investigation of the incident. The findings will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). (PREA 115.372) The findings are defined as follows; (PREA 115.5) 1. Substantiated means the incident occurred proven by an admission of the person responsible or by the preponderance of the evidence. 2. Not Substantiated- means there is insufficient evidence to determine if an incident occurred or if the accused was involved in the incident. 3. Exonerated- means the incident occurred, but the accused’s actions were justified or proper. 4. Unfounded means the charges are false or the offender was not involved in the incident. 5. Pending Further Investigation- means a critical witness or offender cannot be located or refuses to cooperate with the initial investigation, or there is other interference with the investigation, beyond the control of IIB, that prevents IIB from making a final determination for its finding.</p> <p>Interview with investigative staff: Confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. When there is evidence that a prosecutable crime has taken place, the IIB consults with prosecutors before conducting compelled interviews. The standard of evidence that IIB uses is the preponderance of evidence.</p>

**Findings: Based on this analysis, the facility substantially exceeds the provision of this standard.**

**115.373 Reporting to residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 906, Reporting and Investigating PREA Violations, (effective 03/09/2019)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 321, Program Services, Incident Reporting, (effective 04/05/2019)
- Interview with Facility Manager
- Interview with Investigative Staff

**Reasoning and analysis by provision: 115.373 (a)**

PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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).

Interview with facility manager: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, notification of the outcome of the

allegation would occur when the determination has been made. The counselor would be responsible for making the notification.

Interview with investigative staff: The outcome is provided to the Department of Juvenile Justice, and the residents are notified in writing.

**Reasoning and analysis by provision: 115.373 (b)**

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 906, Reporting and Investigating PREA Violations, (page 3): The Department shall inform the resident in writing as to whether an allegation has been substantiated, not substantiated, unfounded, or exonerated. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. All notifications or attempted notifications shall be documented in the youth's individual client record (ICR).

**Reasoning and analysis by provision: 115.373 (c)**

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/facility in the past 12 months

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 906, Reporting and Investigating PREA Violations, (page 3): If the alleged abuser is a staff member, DJJ shall inform the resident victim (unless the agency has determined that the allegation is unfounded) when: the staff member is no longer posted within the residents unit; the staff member is no longer employed at the facility; or DJJ learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

There were no residents who reported sexual abuse available to be interviewed

during the onsite portion of the audit.

**Reasoning and analysis by provision: 115.373 (d)**

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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 available to be interviewed during the onsite portion of the audit.

**Reasoning and analysis by provision: 115.373 (e)**

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 906, Reporting and Investigating PREA Violations, (page 3): All notifications or attempted notifications shall be documented in the youth’s individual client record (ICR).

**Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making determination of compliance:</b>

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 104, Administration, Code of Conduct, (effective 12/01/2014)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 105, Administration, Management Response to Work Guideline Violations, (effective 12/01/2014)

**Reasoning and analysis by provision: 115.376 (a)**

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 901, (page 1): In accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution.

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

**Reasoning and analysis by provision: 115.376 (b)**

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 902, Prison Rape Elimination Act of 2003 (PREA), Personnel

Procedures, (page 4): Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

**Reasoning and analysis by provision: 115.376 (c)**

PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):  
0

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 105, (page 3): All Requests for Disciplinary Action shall: include a detailed account of each work guideline violation; contain all supporting documentation that supports the management contention that work guideline violations occurred; include a complete listing of any previous disciplinary actions that have been taken against the staff; include a complete listing of any current or completed documented verbal conferences and PIPs for the violating staff; and include a written statement provided by the violating staff regarding the request for discipline.

**Reasoning and analysis by provision: 115.376 (d)**

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

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

	<p>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><b>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Memorandum</li> <li>• Interview with Facility Manager</li> </ul> <p><b>Reasoning and analysis by provision: 115.377 (a)</b></p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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</p>

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: Please be advised there have not been instances of any violations to the residents that include contractors or volunteers this audit year.

**Reasoning and analysis by provision: 115.377 (b)**

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, (page 2): Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

Interview with facility manager: If the facility had volunteers or contractors there would be remedial actions and measures if they violated the PREA policies. No further contact with the youth would be allowed.

**Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice</li> </ul>

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)
- Kentucky Department of Juvenile Justice, (KYDJJ) Hopkinsville Group Home Standard Operating Procedures, Number 1100, Graduated Sanctions (revised 08/20/2025)
- Memorandum
- Interview with Facility Manager
- Interviews with Medical and Mental Health Staff

**Reasoning and analysis by provision: 115.378 (a)**

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

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

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 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, 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, 318.2, (page 1): When there is evidence or allegations that a youth has committed a major rule violation, a disciplinary review shall be scheduled with the treatment team. The shift supervisor or Administrative Duty Officer (ADO) shall initiate an investigation within twenty-four (24) hours of the occurrence of an alleged major rule violation. The investigation shall be completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation. Violation of a major rule shall require the issuance of a penalty slip to the youth within twenty-four (24) hours of the infraction or within twenty-four (24) hours once staff becomes aware of the alleged infraction. The penalty slip shall document the alleged violation and any immediate sanctions taken by staff.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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).

KYDJJ Hopkinsville Group Home Standard Operating Procedures, 1100: Graduated Sanctions is a process where the least restrictive form of discipline needed to control the behavior is used to control inappropriate behaviors. All disciplinary actions are to be reviewed by the employee's supervisor on a daily basis. At no time are the youth of the program to be in control of other youth or should they be allowed to set consequences for the misbehavior of other youth. Youth may point out to peers that a behavior is inappropriate or give reminders to other youth regarding chore assignments or goals they are working toward. Youth may also be asked for input during group counseling as to what disciplinary action they feel would be appropriate or have the best effect. At no time will corporal punishment, chemical agents or mental abuse be used as a form of discipline or control as part of the Hopkinsville Group Home treatment program. Neither will sanctions be imposed that deny youth meals and snacks, sufficient sleep, medical care or exercise. Additionally, no form of discipline is to impede the right to correspondence or the right to contact legal representatives, DJJ Community Worker and/or court officials. The Hopkinsville Group Home does not use any form of facility/room restriction, confinement area, or detention area as part of the treatment program.

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

Interview with facility manager: Criminal findings would be handled by the Kentucky State Police. Any discipline for an administrative finding would be sent up to the PREA Compliance Branch for recommendations. Mental health would be involved and the discipline would be proportionate to similar offenses. Disciplinary history would be reviewed. 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 manager: Counselors and mental health are involved in the decisions to impose any disciplinary actions or 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, 908, (page 3): In consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured.

Interviews with medical and mental health staff: The facility offers therapy,

counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for the offending residents. Services offered to victims are within 72 hours and services offered to the alleged perpetrator are usually immediate or within a few hours. 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: Please be advised there have been no instances of resident/staff sexual conduct.

**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, 906, (page 3): A report made by a staff or a juvenile regarding a sexual incident that is made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, if the investigation does not establish evidence to substantiate the allegation.

**Reasoning and analysis by provision: 115.378 (g)**

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

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

**Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 403, Health and Safety Services, Medical Records, (effective 11/04/2020)
- Interviews with Medical and Mental Health Staff
- Interview with Staff That Performs Risk Screening
- Observations Made During Onsite Visit

**Reasoning and analysis by provision: 115.381 (a)**

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 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 perform risk screening: A report and referral to medical or mental health is offered as soon as possible.

**Reasoning and analysis by provision: 115.381 (b)**

PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening.

Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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, 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 perform risk screening: A report and referral to medical or mental health is offered 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, 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.

Observations made during onsite visit: 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

	<p>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.</p> <p>Interviews with medical and mental health staff: All residents in custody or care of DJJ are made aware that the staff, including medical and mental health, have a duty to report. The youth sign a release of information, and this information is provided to them at that time. Informed consent is not needed if the youth is a resident of the group home.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice</li> <li>• Policy and Procedures, Policy Number 404.6, Health and Safety Services, Emergency Medical Services, (effective 10/05/2018)</li> <li>• Medical Services Provider Letter</li> <li>• Interviews with Medical and Mental Health Staff</li> <li>• Interviews with Security and Non-Security First Responders</li> </ul> <p><b>Reasoning and analysis by provision: 115.382 (a)</b>  PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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</p>

shall be provided to emergency medical and dental care 24 hours a day.

Interviews with medical and mental health staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. If these services are needed, they are immediately accessible.

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

**Reasoning and analysis by provision: 115.382 (b)**

PAQ; If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with security and non-security Responders. The victim and alleged perpetrator are separated. The scene is preserved and notifications to the IBB, Kentucky State Police, supervisors, medical and mental health are made.

**Reasoning and analysis by provision: 115.382 (c)**

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interviews with medical and mental health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The facility and practitioners provide as much information as needed. but services or treatment are usually done at the hospital.

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

**Reasoning and analysis by provision: 115.382 (d)**

PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

**Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

**and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, (effective 03/09/2018)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 402.1, Health and Safety Services, Access to Treatment and Continuity of Care, (effective 11/04/2020)
- The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 416.1 Infection Communicable Disease (effective 10/05/2018)
- Medical Services Provider Letter
- Memorandum
- 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, 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.

Memorandum: Please be advised that have not been any instances of anyone being victimized by sexual abuse at this facility, so staff have not had to utilize any medical/mental health services.

**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, 402.1, (page 1): All Department of Juvenile Justice (DJJ) programs shall provide for continuity of care from admission to discharge, including referral to community care when indicated.

Interviews with mental health staff: Evaluation and treatment for residents who have been victimized would include further evaluations such as a clinical interview, mental status exam and evaluation, follow-up services, referrals, update treatment plans if needed and provide additional services as needed.

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

**Reasoning and analysis by provision: 115.383 (c)**

Interviews with medical and mental health staff: Medical and mental health services are consistent with community level of care.

**Reasoning and analysis by provision: 115.383 (f)**

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 416.1, (page 3): When youth are suspected of being in a situation involving a high risk of exposure to an infectious communicable disease, they shall submit to testing deemed necessary by the facility physician and the Medical Director.

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

**Reasoning and analysis by provision: 115.383 (g)**

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

**Reasoning and analysis by provision: 115.383 (h)**

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

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

	<p>victim is ensured.</p> <p>Interviews with mental health staff: Mental health staff conduct a mental health evaluation of all known residents-on-resident abusers and offers treatment if appropriate. This is conducted after the victim and scene are secured.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• 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)</li> <li>• Memorandums</li> <li>• KDJJ PREA Debrief Process</li> <li>• Interview with Facility Manager</li> <li>• Interview with PREA Compliance Manager</li> <li>• Interview with Sexual Abuse Incident Review Team Member</li> </ul> <p><b>Reasoning and analysis by provision:115.386 (a)</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p>Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 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</p>

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

Memorandum: Please be advised staff on the incident review team include Facility Regional Administrator, Deputy Juvenile Facility Manager, Youth Services Program, Social Service Clinician, Administrative Specialist Senior , PREA Compliance Manager, Youth Worker III, Nurse Program Administrator, and the Assistant Director II, PREA Branch Manager

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

**Reasoning and analysis by provision: 115.386 (c)**

PAQ: The sexual abuse incident review team includes upper-level management

officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Interview with facility manager: The facility has a sexual abuse review team. It is a multi-disciplinary team made up of upper management, facility manager, administrative staff, medical and mental health, and supervisors

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

Interview with facility manager: The facility uses Information from the sexual abuse incident review team to review all areas and would make any necessary improvements or changes based on the team's recommendations.

Interview with PREA compliance manager: The facility gathers information, prepares reports and provides data to the Department of Juvenile Justice PREA Branch. All reports are kept and maintained by the PREA compliance manager.

Interview with Sexual Abuse Incident Review Team Member: The team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; 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

	<p>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><b>Reasoning and analysis by provision:115.386 (e)</b>  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, 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>Memorandum: Please be advised there have been no incident reviews.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</b></p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making determination of compliance:</b></p> <p>Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)  Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (effective 03/09/2018)  2023 and 2024 Survey of Sexual Victimization SSV-5 and SSV-IJ</p> <p><b>Reasoning and analysis by provision: 115.387 (a)</b>  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, 909, (pp 1 and 2.): The Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Compliance Officer to determine statistical data and information required for annual federal reporting purposes regarding PREA.</p>

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, 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 comply 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.**

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

- Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, (effective 03/09/2018)
- Agency Annual Reports
- Interview with Agency Head Designee
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

**Reasoning and analysis by provision: 115.388 (a)**

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, 909, (pp 1 and 2): The Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ. The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all PREA-related matters for the Department. The Agency PREA Compliance Officer shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The Agency PREA Compliance Officer shall compile an annual data report that shall be made available to the public.

Interview with agency head designee: The agency debriefs incidents to identify any needed changes or improvements. The agency will look at and determine if policy revisions are needed. The agency will look at ways to prevent these incidents from happening in the future.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. This is done through the Ombudsman's Office. They collect the data, maintain spreadsheets, receive any monthly grievance reports, and do corrective action as needed. The agency prepares an annual report of its findings and data review from any corrective actions for each facility, and the agency. There has been no corrective action.

Interview with PREA compliance manager: The facility collects and provides the

requested data to the agency PREA coordinator.

**Reasoning and analysis by provision: 115.388 (b)**

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual reports are approved by the agency head. The Agency Head/Designee and Agency PREA Coordinator submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse.

**Reasoning and analysis by provision: 115.388 (c)**

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Interview with agency head designee: Annual reports are approved by the Commissioner.

**Reasoning and analysis by provision: 115.388 (d)**

PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Interview with agency PREA coordinator: Personal information is redacted. The agency posts PREA Audit Reports on the agency's website.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.389	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making determination of compliance:</b> <ul style="list-style-type: none"><li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li><li>• 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)</li><li>• Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, Policy Number 149, Administration, Information</li></ul>

Systems, (effective 12/01/2014)

- Kentucky Ombudsman Website
- Kentucky Department of Juvenile Justice Website
- Kentucky Department of Juvenile Justice, Records Retention Schedule (effective 06/08/2023)
- 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, 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, 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 Juvenile Justice website noted the publication of all PREA Final Audit Reports.

A review of the Kentucky Ombudsman website noted the publication of several audit reports.

Interview with Agency PREA Coordinator: The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response program. This is done through the Ombudsman's Office. They collect the data, maintain spreadsheets and do corrective action as needed. The Department of Juvenile Justice has not had any corrective action.

**Reasoning and analysis by provision: 115.389 (c)**

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

There was no personal identifying information on any of the reports posted online

and reviewed by the auditor.

**Reasoning and analysis by provision: 115.389 (d)**

PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Kentucky Department of Juvenile Justice, Records Retention Schedule: Agency records may be subject to fiscal, compliance or procedural audit. If an agency should maintain records longer than the approved retention period, as may be the case with some federal audits, then all affected records should be retained until the audit has been completed and the retention period met. In no case should records that are subject to audit be destroyed until the audit has been completed and retention periods met, or the records have been officially exempt from any audit requirements. Series may contain: Name/ address of planning agency, contact person, statistical data on number and types of facilities evaluated, statistical data on juveniles such as number of accused status offenders, non-offenders held for more than 24 hours, number of adjudicated offenders, number of offenders held in secure facility, extent of noncompliance, violations of state law, other statistical data by category of juvenile. Retain for five (5) years, then transfer to the State Archives Center for permanent retention.

**Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making determination of compliance:</b>  Kentucky Department of Juvenile Justice, Hopkinsville Group Home PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) Research Policy Review Document Review Observations during onsite review of facility  <b>Reasoning and analysis:</b> The auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) website at <a href="http://djj.ky.gov/pages/prea.aspx">http://djj.ky.gov/pages/prea.aspx</a> containing the eighty-seven (87) audit reports for audits completed between 2014 and 2025. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, has been 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

	<p>standard. The Hopkinsville Group Home PREA audits were conducted in 2016, 2019, and 2022. The current audit of Hopkinsville Group Home was conducted in year one of Audit Cycle 5.</p> <p>The auditor was given access to, and the ability to observe, all areas of Hopkinsville Group Home. 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>The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, the agency provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with this provision.</b></p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the determination compliance:</b></p> <ul style="list-style-type: none"> <li>• Kentucky Department of Juvenile Justice, Hopkinsville Group Home Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</li> <li>• Policy Review</li> <li>• Documentation Review</li> </ul> <p><b>Reasoning and analysis (by provision): 115.403 (f):</b></p> <p>The auditor observed the 2016, 2019, and 2022 Hopkinsville Group Home PREA Audit Reports are published on the agency’s website at <a href="https://djj.ky.gov/PREA/Pages/default.aspx">https://djj.ky.gov/PREA/Pages/default.aspx</a>. The PREA final reports were published within 90 days after the final report was issued by the auditor.</p> <p><b>Finding: Based on this analysis, the facility is substantially compliant with this provision.</b></p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

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

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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: Residents who have speech 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: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	maintained by the State or locality in which the employee would work?	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(b)</b>		
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(e)</b>		
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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	na

	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).)	
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	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.)	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	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.)	
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 the agency attempt to ascertain information about: Age?	yes
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	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
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351</b>	<b>Resident reporting</b>	

<b>(a)</b>		
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	standard.)	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352</b>	<b>Exhaustion of administrative remedies</b>	

<b>(f)</b>		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 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?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	

	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	

	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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	yes

	responsible for conducting administrative and criminal investigations.)	
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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	yes

	within the facility?	
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>	

<b>(c)</b>		
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

	medical and mental health practitioners?	
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph §	na

	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.)	
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or	yes

	<p>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.)</p>	
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