

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 8/16/18

Auditor Information

Name: Dorothy Xanos Email: dorothy.xanos@truecorebehavioral.com

Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: P.O. Box 4068 City, State, Zip: Deerfield, Florida 33442

Telephone: (813) 918-1088 Date of Facility Visit: 7/16/18

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

Kentucky Department of Juvenile Justice Justice and Public Safety Cabinet

Physical Address: 1025 Capital Center Drive 3rd floor City, State, Zip: Frankfort, Kentucky 40601

Mailing Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

Telephone: (502) 573-2738 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: The Kentucky Department of Juvenile Justice provides a range of services to sentenced, committed, probated, and detained youth and their families, creating opportunities for those youth to develop into productive, responsible citizens while enhancing public safety.

Agency Website with PREA Information: <https://djj.ky.gov/Pages/PREA.aspx>

Agency Chief Executive Officer

Name: Carey D. Cockerell Title: Commissioner

Email: Carey.Cockerell@ky.gov Telephone: (502) 573-2738

Agency-Wide PREA Coordinator

Name: LaShana M. Harris Title: Assistant Director Program Services

Email: LaShanaM.Harris@ky.gov Telephone: (502) 573-2738

PREA Coordinator Reports to: Commissioner	Number of Compliance Managers who report to the PREA Coordinator 30
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Facility Information

Name of Facility: Frenchburg Group Home

Physical Address: 158 Shermill Lane, Denniston, Kentucky 40316

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: (606) 248-6719

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Detention Correction Intake

Facility Mission: The mission of the Frenchburg Group Home is to provide an environment in which at risk youth will encounter a balance of high expectations and quality services, equally applied and individually tailored, as the best method for providing an effective response to juvenile crime. The FBGH supports and believes in the complete involvement of both the family and the community while providing efficient rehabilitation services, altering the rate of recidivism with appropriate aftercare, and minimizing risk to the community. Our goal is to provide the greatest opportunity for the youth of FBGH to develop into caring, productive, responsible citizen.

Facility Website with PREA Information: <https://djj.ky.gov/Pages/PREA.aspx>

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Mitch Adams **Title:** Juvenile Facility Superintendent I

Email: hmitch.adams@ky.gov **Telephone:** (606) 768-3107

Facility PREA Compliance Manager

Name: Scott Castle **Title:** Youth Services Program Supervisor

Email: Scotta.Castle@ky.gov **Telephone:** (606) 768-3107

Facility Health Service Administrator

Name: Alan K. Sloas **Title:** Regional Nurse Administrator

Email: AlanK.Sloas@ky.gov **Telephone:** (606) 295-2350

Facility Characteristics

Designated Facility Capacity: 8		Current Population of Facility: 5	
Number of residents admitted to facility during the past 12 months			30
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			28
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			30
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	13-17		
Average length of stay or time under supervision:			58.75 days
Facility Security Level:			2
Resident Custody Levels:			2
Number of staff currently employed by the facility who may have contact with residents:			14
Number of staff hired by the facility during the past 12 months who may have contact with residents:			0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			3
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>Frenchburg Group Home has a system that monitors both areas inside and outside of the group home. There are 28 cameras on line and 6 have audio capabilities in the group home. Also, there are 12 cameras that are live feeds covering the group home. This system is actively monitored via screens, as well as 24/7 monitoring with a monitor in the staff area. This system automatically records and can take "snapshots" and is available for use in post-incident investigations and reviews.</p>			
Medical			
Type of Medical Facility:		Not Applicable	
Forensic sexual assault medical exams are conducted at:		Menifee Medical Clinic	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			7
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Frenchburg Group Home (FBGH) was conducted on July 16, 2018 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by June 4, 2018, six weeks prior to the date of the on-site audit. The group home's last PREA audit was on July 15, 2015. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from the KYDJJ Assistant Director of Program Services/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the group home including the front entrance area, living area, administrative area, and counselor's office door. This auditor did not receive any communication from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-one (41) standards were received by June 18, 2018. The documentation was uploaded to a USB flash drive and it was organized, highlighted and easy to navigate, however the information in regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address seven (7) standards. The supporting documentation for the seven (7) standards was provided to this auditor during the on-site and after the on-site visit to the group home.

A conference call was conducted prior to the site visit with FBGH Juvenile Facility Superintendent I and Youth Services Program Supervisor/PREA Coordinator (YSPS/PC) to review the schedule and discuss the information to be sent to this auditor prior to the site visit. The FBGH Youth Services Program Supervisor/PREA Coordinator sent the documentation to this auditor prior to arrival to the group home. Also a number of supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on July 16, 2018. An entrance briefing was conducted with the FBGH Juvenile Facility Superintendent I and Youth Services Program Supervisor (YSPS). During the entrance briefing, it was explained the audit process and a tentative schedule for the one (1) day to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire group home was conducted including the secure front entrance, administration area, living area, kitchen area, counselor office, three (3) bedrooms, living room on the second floor and the basement (recreation & storage). Also, located in the living room area was a secure grievance box for residents and is checked daily by the Frenchburg Group Home's Youth Services Program Supervisor.

During the tour, the residents were at school and upon their return to the group home this auditor was able to observe the constant supervision of the staff while involved in various activities. The group home was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the group home as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment (PREA hotline and Internal Investigations Branch) and to call the

victim advocate (KASAP). Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the bathroom/shower areas so residents are not seen on the surveillance system while showering or toileting. During the tour, it was observed that both bathroom/shower areas did allow for privacy.

During the one (1) day on-site visit, there were a total of five (5) residents in the group home. All five (5) residents were selected for the interview process. A resident list was provided by the FBGH Youth Services Program Supervisor during the entrance briefing. None of the residents met the identified categories from the required list of targeted resident interviews. The required categories are as follows: resident who identified as Lesbian, Gay or Bi-sexual, Transgender or Intersex; resident who is Limited English Proficient (LEP); resident with a cognitive disability; resident in isolation; physical disability (Blind, Deaf or Hard of Hearing); resident who reported sexual abuse, and resident who reported sexual victimization during risk screening. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process.

The community victims' advocacy services address and telephone number is available to the residents located throughout the group home. There is evidence of KYDJJ obtaining a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. The KASAP provides the victim advocacy services for the residents who are sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number at this group home. Also, this auditor contacted a representative from the KASAP via telephone prior to the on-site visit and confirmed the association has established a telephone number for residents to call and to provide emotional support services. Menifee Medical Clinic (ER) provides emergency medical services and St. Clair Hospital or St. Joseph Hospital (SANE certified) provides the forensic medical examinations at no financial cost to the victim.

Thirteen (13) staff were formally interviewed including (5) staff from all three (3) shifts, Juvenile Facility Superintendent I, Youth Services Program Supervisor/PREA Coordinator, Social Service Clinician I, (2) medical and mental health staff, (1) first responder, and Administrative Specialist II (HR) were interviewed during the one (1) day of the on-site visit. Additionally, interviews were conducted via telephone with the KYDJJ Commissioner, KYDJJ Assistant Director of Program Services/PREA Compliance Manager, and IIB Special Investigative Agent Manager prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the day, an exit briefing with a summary of the findings was conducted with the Juvenile Facility Superintendent I, Youth Services Program Supervisor/PREA Coordinator, and via telephone the KYDJJ Assistant Director of Program Services/PREA Compliance Manager. At the exit debriefing, it was discussed additional documentation was required for five (5) standards and it was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by KYDJJ Assistant Director of Program Services/PREA Compliance Manager prior to the submission of this report. This auditor reviewed all requested information and this group home is in full compliance with the PREA Standards.

Facility Characteristics

The auditor's description of the audited group home should include details about the group home type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the group home, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Frenchburg Group Home (FBGH) is an eight (8) bed staff secure, level 2 group home for male residents governed by the Kentucky Department of Juvenile Justice (KYDJJ) located on forty (40) acres in Denniston, Kentucky. The group home is a treatment program, designed to resemble, as closely as possible, a small home setting. The residents have been committed and adjudicated delinquent by the courts system. Individualized treatment aimed at attitudinal and behavioral changes is the emphasis of the program. Each resident's treatment involves individual and group counseling, work, recreation, school, independent living skills and religious services on a voluntary basis. There are three (3) different tracks residents can be placed on felony (4 months), misdemeanor (2 months), and thirty (30) day re-focus. Upon completion of the program, the resident will return to their home community, if possible. The length of stay for residents is dependent on their committing offense and progress within the program. The average length of stay is less than sixty (60) days and can be extended if necessary. The average age of the residents is between 13-17 years old. There were five (5) residents at the group home at the time of the on-site visit. Frenchburg Group Home has been accredited with the American Correctional Association (ACA).

Frenchburg Group Home is a wood frame building with a secure front entrance leading into the dining room area, kitchen area, an administrative work area located in the living room, and two (2) administrative offices located on the first floor. There are three (3) bedrooms to house eight (8) residents, living/multi-purpose room with a staff work station, secured medical cart, counselor office and two (2) bathroom/shower areas located on the second floor. The basement has a dry storage area, additional supplies, canteen, and indoor recreation area (ping pong and foosball table). There is a wrap-around porch with three (3) picnic tables, outdoor recreation area with volleyball net, basketball court, garden, and picnic table. On the property is a separate barn with a wood work area, residents split wood, bundle it and sell to the community. The barn has storage area for maintenance tools and landscaping vehicles. The group home also has a dog named Nellie.

The facility is staffed with fourteen (14) full-time and part-time staff. The staff consists of: Juvenile Facility Superintendent I; Youth Services Program Supervisor/PREA Coordinator; Social Services Clinician I; Youth Worker III; (9) Youth Worker II and Administrative Specialist II.

FBGH has a contracted Registered Nurse and she is supervised by KYDJJ Regional Nurse Administrator who is responsible for coordination of the medical services and medical clinics. The physician is off site and is on call 24/7. The nurse is at the group home once a week and provides health education and counseling about a variety of health topics. She provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided off campus and

consisted of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check.

The group home has contracted an optometrist who provides routine eye exams and a number of specialized service providers to assist residents in their treatment. KASAP is the organization identified to provide confidential emotional support to residents who are victims of sexual abuse at the group home. Menifee Medical Clinic (ER) provides emergency medical services and St. Clair Hospital or St. Joseph Hospital (SANE certified) provides the forensic medical examinations at no financial cost to the victim. Once a month, the contracted psychiatrist with UK Healthcare provides mental health and treatment services and is available for emergency services. The services will consist of the initial mental health assessment and will refer residents to outside mental health and substance abuse services for any additional services deemed necessary to assist the resident.

The residents attend school daily directed by the Menifee County Alternative School. The program is highly structured and provides for the earning of privileges, with disciplinary consequences for misbehavior. School attendance is a major aspect of the treatment program. It is essential to the treatment needs of each resident that treatment staff and school personnel work cooperatively and communicate freely. The group home staff remains with the residents at school for the entire school day. Recreation and leisure time activities are available to the residents. These activities consist of: sports, team building activities, board games, arts and crafts, and outside recreation weather permitting.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded	3	(115.311, 115.331 & 115.333)
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Number of Standards Met	38
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Number of Standards Not Met:	0
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Summary of Corrective Action (if any)	NA
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PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] effective 3/09/18 outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. A review of both organizational charts contained the designations of the PREA Coordinator and PREA Compliance Manager positions.

Frenchburg Group Home (FBGH) Standard Operating Policy and Procedures (SOP) # 900-912 [Prison Rape Elimination Act (PREA)] revised 3/15/18 outlines the group home implementation of its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions.

Kentucky Department of Juvenile Justice (KYDJJ) has a designated juvenile PREA Compliance Manager her official title is Assistant Director of Program Services and reports directly to the Commissioner. The PREA Compliance Manager works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of thirty-one (31) residential facilities with the support of the executive administration. Frenchburg Group Home's PREA Coordinator is the Youth Services Program Supervisor and during his interview indicated he had sufficient time and authority to develop, implement and oversee the group home's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. Additionally, he has created a PREA reference/emergency binder located in their staff work station, both administration areas containing the policy, reporting process, victim advocate information, and forms for the group home staff.

Based on the randomly selected and specialized staff and resident interviews, the extensive staff training, the resources available to the facilities, it is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Kentucky. Also, during the tour of the group home, the observation of postings, reviews of staff and resident handbooks, training curriculums confirmed the group home's commitment and dedication to create a PREA compliant culture. The group home has PREA reference/emergency binders located in their staff work station and in both administration areas containing the reporting process and forms for the group home staff in the event of an incident. Overall, this auditor has determined the agency and the group home have substantially exceeded the requirements of this standard based on the above information.

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

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the documentation and the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] effective 3/09/18 describes the contractor's obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. KYDJJ has entered into/renewed eighteen (18) contracts with varied private or other government agencies to provide confinement of residents in the past twelve (12) months. Of these contracts, there is only one (1) contract that is eligible for KYDJJ to monitor compliance with the PREA standards. An interview with the KYDJJ Assistant Director of Program Services/PREA Compliance Manager confirmed this contractor is monitored by KYDJJ to ensure compliance with the PREA standards. A review of the contracted documentation indicated the contractor's obligations to adopt and comply with the PREA Standards. Therefore, based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each group home has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each group home has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each group home has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 internal or external oversight bodies? Yes No
- Does the agency ensure that each group home'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 group home's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No

- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No
- Does the agency ensure that each group home'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 No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the group home document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the group home 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 No NA
- Does the group home 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 No NA
- Does the group home fully document any limited and discrete exigent circumstances during which the group home did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the group home ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the group home obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the group home, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the group home, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the group home, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The group home's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the group home, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the group home has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the group home 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the group home have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the group home? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 910 Subject (Facility Security Management) effective 3/09/18; Chapter (Program Services) Policy # 319 Subject (Staff Requirements for the Supervision of Youth); Policy #319.1 Subject (Facility Capacities) effective 1/04/16 and Frenchburg Group Home (FBGH) Standard Operating Policy and Procedures (SOP) #319 (Staff Requirements for the Supervision of Youth) revised 12/14/17; #319.1 (Facility Capacities) revised 1/16/18 & #910 (Facility Security Management) revised 3/15/18 contained the required information identifying each group home to develop a staffing plan to provide for adequate staffing levels to ensure

the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring (if applicable), and federal standards. The staffing plan would be reviewed annually with the administrative staff. Also, the policies contained information identifying each group home shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in facility logbook and "Unannounced Facility Visit" form that contains observations of all areas of the group home on a monthly basis.

According to the policy, Frenchburg Group Home's staff-to-youth ratio is identified to meet the PREA standard (1:8 during the resident waking hours and 1:16 during resident sleeping hours). During the documentation review, the group home did not report deviations from the staffing plan during the past twelve (12) months. A memo dated May 25, 2018 from the YSPS/PREA Coordinator advised there had been no deviations from the staffing plan or the staff-to-youth ratios. Also, the practice at this group home is 2:8 during both waking and sleeping hours exceeding the requirement of this standard. FBGH's staffing plan was reviewed, developed, implemented 5/16/18 and in compliance with the standard.

An interview with the Juvenile Facility Superintendent I and the documentation confirmed on an annual basis, there is a review of the group home's staffing plan. The group home has a mechanism in place for call outs and staff volunteer to stay over if needed.

Frenchburg Group Home is a staff secure group home and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The Juvenile Facility Superintendent I and the Youth Services Program Supervisor conducts and document unannounced rounds on all three (3) shifts and in all areas of the group home to monitor and deter staff sexual abuse and sexual harassment on a monthly basis. All unannounced rounds are documented in the shift report and "Unannounced Facility Visit" form that contains information and observations of all areas of the group home. Documentation, Juvenile Facility Superintendent I and staff interviews confirmed the process takes place on all three (3) shifts in the group home on a monthly basis. However, the SOP #910 (Facility Security Management) was not clear on unannounced rounds being completed on all three (3) shifts on a monthly basis.

After the on-site visit, Frenchburg Group Home's SOP #910 was updated to reflect the practice at the group home on unannounced rounds being completed on all three (3) shifts on a monthly basis. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the group home has demonstrated compliance with this standard.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the group home always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the group home document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the group home document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the group home 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 No
- Does the group home require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the group home 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 No NA

115.315 (e)

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

115.315 (f)

- Does the group home/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the group home/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 3/09/18; General Directive #12-01; Chapter (Program Services) Policy #321 Subject (Incident Reporting) and Policy #325 Subject (Searches) effective 3/09/18 required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Frenchburg Group Home (FBGH) Standard Operating Policy and Procedures (SOP) # 321 (Incident Reporting) revised 4/16/18; #325 (Searches) revised 12/14/17 & #910 (Facility Security Management) revised 3/15/18 comply with the standard requirements at the group home level. KYDJJ has extensive staff training, a review of the training documentation including a "Cross Gender Visual Searches" power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Staff interviews identified the KYDJJ policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status. Residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Staff and resident interviews indicated that staff of the opposite gender entering their bedroom area would consistently announce themselves.

Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that staff of the opposite gender are prohibited from entering the bathroom/shower area while residents are showering. During the tour, it was observed that the toilets located in the bathroom/shower areas did allow for privacy.

There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve (12) months at the group home. Also, there have been

no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past twelve (12) months at the group home.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

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

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the group home

does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the group home.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 907 Subject (Resident PREA Education); Chapter 911 Subject (DJJ Staff PREA Education and Training); Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #301 Subject (Intake and Orientation); Chapter (Health and Safety Services) Policy #404.1 Subject (Admission Screening for Physical and Mental Challenges) effective 3/09/18 and Frenchburg Group Home (FBGH) Standard Operating Policy and Procedures (SOP) #911 (DJJ Staff PREA Education and Training) revised 3/15/18 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety.

There are postings throughout the group home in English and Spanish and staff had access to Language Services Associates and Telephone Interpretation Services. Each KYDJJ facility is required to complete an "Interpreter Services Monthly Log Sheet" and return this information to the KYDJJ Assistant Director of Program Services/PREA Compliance Manager on a monthly basis.

Staff training documentation, KYDJJ pamphlets and the resident handbook contained information on providing appropriate explanations regarding PREA information to residents based upon the individual needs of the resident. Staff interviews confirmed they would not allow the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment but had limited knowledge on how to obtain an outside agency to provide interpreter services. In the past twelve (12) months, the group home did not have any instances of resident interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

After the on-site visit, all staff were re-trained on interpreter services provided at the group home and the process on how to obtain these services. All postings of the PREA and emotional support services information were updated to reflect both English and Spanish. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, review of documentation, and the follow-up documentation, the group home has demonstrated compliance with this standard.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement group home, juvenile group home, or other institution (as defined in 42 U.S.C. 1997)? Yes
 No

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the group home

does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the group home.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18; Kentucky's Open Records Act (KRS) 61.872 & 878; Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #106.3 Subject (Background Checks) & Policy #134 Subject (Records Request) effective 3/09/18 requires that a criminal background shall be conducted before hiring new employees who may have contact with residents, and will 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 allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

Also, the above policies and procedures indicated that the KYDJJ shall not hire or promote anyone for a position that may have resident contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 civilly or administratively adjudicates to have engaged 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. KYDJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated residents. KYDJJ staff must ask all applicants and employees who may have contact with residents directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

KYDJJ has extensive initial background checks to include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, child abuse registry checks, Diana screening - sex offender registry checks and best efforts to contact all previous institutional employers for information on substantiated allegations of sexual abuse, consideration of incidents of substantiated sexual harassment when determining whether to hire or promote staff or enlist the services of any contractor who has contact with residents and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. Material omission by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks.

An interview with the group home's Administrative Specialist II confirmed the process on the group home performing the criminal background checks, considering the pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, all employees who are considered for promotion and every five (5) years. They also conduct the same checks for contractors. He advised that Central Office ensures background checks are conducted every five (5) years. Also, there is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact. A sample review of staff's and volunteer's HR files had documentation on staff completing varied forms but did not contain the questions regarding past misconduct (PREA Requirements for DJJ Staff form) were asked and responded to during the hiring process. The contracted staff's HR files are maintained at the Central Office. Information regarding previous misconduct is provided to potential employers automatically if the potential employer is in Kentucky, otherwise an authorization for release for information is required and referred to Central Office.

After the on-site visit, designated staff completed the required form regarding past misconduct (PREA Requirements for DJJ Staff form). The KYDJJ Assistant Director of Program Services/PREA Compliance Manager sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through an interview, review of documentation, and the follow-up documentation, the group home has demonstrated compliance with this standard.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new group home 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/group home has not acquired a new group home or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Frenchburg Group home has not been newly designed nor had a substantial expansion since August 20, 2012. There has been no upgrade of a video monitoring system or additional cameras installed in the group home. An interview with the Juvenile Facility Superintendent I and documentation review indicated there had been no upgrade to the video monitoring and no additional cameras within the past twelve (12) months. During the tour, cameras were observed throughout the group home and the YSPS/PC brought up the video surveillance system on his desk top for this auditor to review. This system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the group home.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the group home has demonstrated compliance with this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; General Directive #10-02; Chapter (Program Services) Policy #300.1 Subject (Program and Services); Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services); Policy #404.8 Subject (Hospital Care); Policy #408.1 Subject (Forensic Information) and KRS 15A.020 & 500 KAR 13:020 (Office of Investigations) and Frenchburg Group Home (FBGH) Standard Operating Policy and Procedures (SOP) # 300.1 (Program and Services); #402 (Access to Medical, Dental and Mental Health); #404.6 (Emergency Medical Services) revised 12/14/17; Policy #404.8 (Hospital Care) and Policy #408.1 (Forensic Information) revised 1/16/18 and #908 (DJJ Response to a Report of a PREA Violation) revised 3/15/18 requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff is required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigation and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment.

Also, the policies and procedures require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the resident for this examination. Also requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified KYDJJ mental health staff member or qualified community-based staff member includes an individual who has been

screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. KASAP is the organization identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the group home. Menifee Medical Clinic (ER) provides emergency medical services and St. Clair Hospital or St. Joseph Hospital (SANE certified) provides the forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from the KASAP via telephone prior the on-site visit and confirmed the organization has established a telephone number for residents to call and to provide confidential emotional support services. Documentation review confirmed there will be no financial cost to the resident for this examination.

Documentation, Superintendent and staff interviews confirmed Internal Investigations Branch (IIB) and Kentucky State Police (KSP) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. Interviews with the medical staff were knowledgeable of the procedures to secure and obtain usable physical evidence when sexual abuse is alleged and confirmed in the event of an alleged sexual abuse occurrence, residents would be sent to St. Clair Hospital or St. Joseph Hospital. FBGH's Juvenile Facility Superintendent I had identified mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/group home is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff is required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigation and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment. The PREA policy can be found at the Kentucky state's website.

The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. All staff interviews confirmed

their knowledge on the reporting and referral process, policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Interviews with the FBGH Juvenile Facility Superintendent I and YSPS/PREA Coordinator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and would be advised on the progress of an investigation by the KYDJJ Assistant Director of Program Services/PREA Compliance Manager. FBGH had received no allegations of sexual abuse and sexual harassment with any resulting in a criminal investigation or in an administrative investigation in the past twelve (12) months.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- 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 No

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

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's group home? Yes No
- Have employees received additional training if reassigned from a group home that houses only male residents to a group home that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 3/09/18; Chapter (Professional Development) Policy #500 (Definitions); Policy #501 Subject (Training and Staff Development); Policy #502 Subject (Pre-Service Training); Policy #502.1 Subject (Field Training Instructor Program); Policy #503 Subject (In-Service Training); Policy #504 Subject (Training Registration, Training Record, Outside Training & Requests for Training) Policy #505 Subject (Training Requirements, Special Staff Groups and Specialized Task Training) and Policy #506 Subject (Training Academy Operations) effective 1/17/17 requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. Also, all staff are trained on additional policies and procedures (Chapter 208, 901, 906, 907 & 908), "Keeping Our Kids Safe" video, and several Kentucky statutes (KRS 620.020; 620.030; 620.040; 620.050 & 510.020) besides other training materials. Frenchburg Group Home's Standard Operating Policy and Procedures #500, #502, #502.1, #503, & #506 revised 1/16/18; #501, #504, & #505 revised 12/14/17 and #911 (DJJ Staff PREA Education and Training) revised 3/15/18 comply with the standard requirements at the group home level.

All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their resident populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, resident's right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, 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, including LGBTQI, and gender nonconforming residents, and relevant laws regarding the applicable age of sexual consent. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

A review of the staff training documentation including staff training rosters, curriculum, lesson plans and staff interviews confirmed staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous

experience. All new employees sign the “PREA Acknowledgement Form” indicating they received the training and understand their responsibilities for all the different training modules of the initial PREA training. Additionally, all staff is required to complete an annual in-service PREA training and sign the “PREA Acknowledgement Form” indicating they received the training and understand their responsibilities for all the different training modules of the PREA training.

Staff interviews confirmed receiving annual in-service training, their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the group home, it was evident through documentation, interviews and observation of the day-to-day operations that the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and group home tour, the facility has demonstrated exceeding this standard. The agency requires all staff to receive formal PREA training annually

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance) and Chapter 903 Subject (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors) effective 3/09/18; Chapter 911 Subject (DJJ Staff PREA Education and Training) requires that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. Long-term, full-time contract staff with resident contact shall comply with the same orientation and training as equivalent KYDJJ employees.

All volunteers, interns and contractors receive the PREA training and view the "Keeping Our Kids Safe" video that includes: policies, PREA definitions, reporting requirements and other required procedures. All volunteers, interns and contractors receive and sign an acknowledgement form for KYDJJ Phase 1 & video upon completion of the PREA training they received. Documentation (curriculum & video) was reviewed for content and addresses the zero-tolerance policy, volunteers and contractors requirement for confidentiality and how to report any incidents of sexual abuse and or sexual harassment. The group home reports four (4) volunteers and contractors who may have access to residents.

A review of randomly selected individual volunteer and contractor files contained a signed and dated acknowledgement form that the volunteer and/or contractor completed and understood their requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interview with a volunteer confirmed their knowledge of the PREA training and KYDJJ's zero tolerance of any form of sexual activity at the group home as well as their duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the contractor interview and documentation, the group home has demonstrated compliance with this standard.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (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 No
- 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 No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different group home to the extent that the policies and procedures of the resident's new group home differ from those of the previous group home? Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 907 Subject (Resident PREA Education) and Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 3/09/18 requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. Also, the facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

During the initial intake, the assigned staff utilizes the resident handbook and reviews this detailed information verbally with the resident and the resident signs the form verifying receipt for all information regarding orientation to the facility. After the review with the resident, he is asked to sign various forms (i.e. Youth Acknowledgment of PREA Education and PREA Documentation & Resident Reception Summary & Youth Acknowledgement) verifying receipt for all information regarding orientation to the facility. All residents are provided Resident PREA Education and KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" pamphlet which includes information on prevention/intervention self-protection, reporting and treatment/counseling and all available in Spanish for future reference. The staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session to the residents.

Interviews with intake staff confirmed residents receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting, access on emotional support services and the agency's response to allegations upon arrival. The residents are provided with the PREA pamphlet, packet (Orientation Handbook) and watch the video that is available in English and Spanish. The resident signs "Youth Acknowledgement of PREA Education and PREA

Documentation” and “Resident Reception Summary & Youth Acknowledgement” forms to verify the observation of the video and the review of the PREA education.

A review of several resident files (Individual Client Record) confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an “Admissions Checklist” form and document the intake information on a progress note. Resident interviews stated they received the PREA information, identified the receipt of the pamphlet and observed the video the same day they arrived at the group home. PREA postings were observed during the tour at the group home.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and the review of detailed documentation during the on-site visit and group home tour, the facility has demonstrated exceeding this standard. The agency requires the staff to ensure all residents receive detailed information about PREA.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (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).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]

Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18; Chapter (Administration) Policy #133 Subject (Ombudsman) and Policy #140 Subject (Reporting of Special Incidents) effective 12/1/14 requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing 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. Also, the policies and procedures requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigations and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigations. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment.

All IIB Investigators undergo an extensive training prior to conducting administrative investigations which includes the "Basic Investigation Training" requirement. Documentation and an interview with the IIB Special Investigative Agent Manager confirmed the required initial and annual investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiated a case for administrative or prosecution referral. Also, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Kentucky State Police for further investigation for the determination of criminal charges.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- 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? Yes No
- 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? Yes No

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) and Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 3/09/18; Chapter (Health and Safety Services) Policy #404.3 Subject (Health Assessment and Physical Examination); Policy #408.1 Subject (Forensic Information) effective 4/04/14 requires medical and mental health care staff to receive the training mandated for employees or for contractors and volunteers depending on the practitioner's status in KYDJJ. Also, requires that all full and part-time medical and mental health staff who work regularly in KYDJJ facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Both the medical and mental health staff at the group home are contracted and are required to complete the basic PREA training and specialized training for medical and mental health staff. Also, both the medical and mental health regional staff oversees the contracted staff to ensure medical and mental health services are conducted in accordance with KYDJJ requirements.

Documentation review confirmed that both the contracted staff and regional staff completed the required annual (Phase 1 – PREA training) and specialized trainings, the four (4) modules (Phase 6 - Specialized Training: PREA Medical and Mental Care Standards curriculum) from the PREA Resource Center. Also, both the contracted staff and regional staff signed the "Acknowledgement of Phase 1 PREA Training" and "Acknowledgement of Phase 6 PREA Training" forms confirming completion of both trainings.

Interviews with the regional medical staff and contracted medical and mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the four (4) modules and participating in the annual basic PREA training provided by KYDJJ. Also, the regional medical staff and contracted medical and mental health staff interviews confirmed they had received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment. None of the medical staff conduct forensic examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the group home, 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, group home behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) effective 3/09/18; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #132 Subject (Privacy of Health Information); Policy #149 Subject (Information Systems) effective 12/01/14 and Policy #328 Subject (Individual Client Records) effective 1/04/16 requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. "The Victimization and Sexual/Physical Aggression Screener" (VSPA-S) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The facility's policy limits staff access to this information on a "need to know basis".

Staff interviews confirmed that an initial screening is conducted within twenty-four (24) hours of the resident's arrival. Also, the staff reviews prior information in the court reports, health issues, classification assessments and past criminal behavior. The screening that is conducted includes any disabilities, age, physical build, current and previous juvenile programs, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Residents are reassessed at a minimum quarterly and throughout their stay at the group home. The screening form "Victimization and Sexual/Physical Aggression Screener" is utilized for the initial screening and for reassessing residents at the group home. Access to information is available only to the Juvenile Facility Superintendent I, Youth Services Program Supervisor, Social Service Worker II and medical staff.

Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as their admission and reassessed quarterly at the group home. Residents confirmed during the intake process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the group home. Although there has been no transgender or intersex resident admitted to the group home within the past twelve (12) months, staff interviews confirmed consideration is given for the resident's own views of their safety in placement and programming assignments.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (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 No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care Worker? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the group home clearly document: The basis for the group home's concern for the resident's safety? (N/A for h and i if group home doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the group home clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if group home doesn't use isolation?) Yes No NA

115.342 (i)

- 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 group home afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 3/09/18; Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation) effective 1/04/16 and Frenchburg Group Home's Standard Operating Policy and Procedures (#318, #323, #905 & #908) revised March 15, 2018 prohibits gay, bi-sexual, transgender and intersex residents being placed in a particular cottage, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The assigned group home staff utilizes various forms (Victimization and Sexual/Physical Aggression Screener) and any other pertinent information during the resident's admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Documentation review confirmed the risk assessment occurred within seventy-two (72) hours

and the residents received the rescreening as required. The group home does not have a designated bedroom for gay, bisexual, transgender or intersex resident. This group home did not have a resident who identified as transgender or intersex during the on-site visit, therefore this auditor was unable to ask a resident of concerns regarding their placement, a special unit just for LGBTI residents, their safety, and request to shower separately.

FBGH YSPS/PREA Coordinator and the staff interviews described how information from the "Victimization and Sexual/Physical Aggression Screener" form precludes gay, bi-sexual, transgender and intersex residents being placed in a particular bedroom or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an resident's appropriate placement, bed assignments, as well as education and program assignments with the goal of keeping all residents safe and free from sexual abuse.

There are three (3) bedrooms, closet and shelving and two (2) bathroom/shower areas located on the second floor. Each bedroom has a camera and residents are not allowed to change their clothing in the bedroom but in the bathroom/shower area. PREA and other group home information is located on the bulletin board in each bedroom and posted in the hallway. Isolation is not utilized at the group home as a means of protective custody.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

- Does the group home provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) and Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials) effective 5/15/17; Policy #132 Subject (Privacy of Health Information) effective 4/14/03; Policy #140 Subject

(Reporting of Special Incidents) effective 12/01/14; Policy #208 Subject (Youth Rights) and Chapter (Program Services) Policy #310 Subject (Family and Community Contacts effective 1/04/16; KRS 15A.020, KRS 620.030 & 500 KAR 13:020 (Office of Investigations) and at the facility level Frenchburg Group Home's Standard Operating Policy and Procedures, (#121, #132, #140, #208, #310, #906, #907 & #908) revised March 15, 2018. All the policies and procedures identified the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, IIB hotline, regular safety surveys, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the Ombudsman Office that receives and forward reports of sexual abuse and sexual harassment to KYDJJ officials, allowing residents to remain anonymous upon request. Also the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation and correspondence) with their attorney and/or parent/guardian, staff providing access to the IIB hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report.

While touring the entire facility, there were postings of the PREA information and victim advocate services information throughout the group home. In the living room there is a locked grievance box with grievance forms and a posting with the PREA information. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment during the intake process. These various ways of reporting include advising an administrator, a staff member, telephoning the IIB hotline number, placing a written complaint in the grievance box and external complaint to a third party (Ombudsman Office). Reporting procedures are provided to residents through the FBGH Orientation Handbook and during the intake/orientation process.

Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, juvenile probation/parole officer and about the anonymous reporting capability. During the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Staff interviews along with the postings, and supporting documentation confirmed multiple internal ways (verbally, writing, anonymously) for residents to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated child abuse reporters.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency 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 No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may 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 No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the group home may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to

personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- 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 No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegation 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 No NA

115.352 (f)

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

115.352 (g)

- If the agency disciplines 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18 and Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14 describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance boxes located in various areas of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The Juvenile Facility Superintendent will review the complaint immediately and advise the resident of the outcome or status of the investigation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents.

The group home's protocol indicated when a resident submits a grievance relating to sexual abuse or sexual harassment or sexual misconduct staff will immediately report the alleged details of the allegation directly to their supervisor, Juvenile Facility Superintendent I, YSPS and IIB hotline. The Juvenile Facility Superintendent I will contact the KYDJJ Regional Director, KYDJJ PREA Compliance Manager, KYDJJ Deputy Commissioner, and KYDJJ Commissioner. A grievance regarding a PREA allegation is not processed as a grievance but is forwarded to the IIB for an investigation.

Resident interviews indicated there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box (black box). Also, they would contact a trusted staff, telephone the hotline, parent/guardian, group home's administration, juvenile probation/parole officer in relation to sexual abuse or sexual harassment complaints. Staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the grievance box (black box) located in the living room. However, the staff indicated they would contact the supervisor immediately and IIB to begin an investigation. Frenchburg Group Home did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints at the group home.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the group home provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the group home 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 No
- Does the group home enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials) effective 5/15/17; Policy #132 Subject (Privacy of Health Information) effective 4/14/03; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300-1 Subject (Programs and Services); Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation) effective 1/04/16 and at the facility level, Frenchburg Group Home's Standard Operating Policy and Procedures (#121, #132, #208, #300.1, #310, #906 & #908) revised March 15, 2018. All the policies and procedures confirmed that residents are provided access to outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. KASAP is the organization identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the group home. Menifee Medical Clinic (ER) provides emergency medical services and St. Clair Hospital or St. Joseph Hospital (SANE certified) provides the forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from the KASAP via telephone prior the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide confidential emotional support services. There have been no calls from residents to outside services in the past twelve (12) months at the group home.

Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The group home's postings and the orientation handbook contained information of the outside services. Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future

residents on victim advocate services during their orientation process and during their group session while at the group home. Also, all the postings in the group home were updated with additional victim advocate services information.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services and to provide additional education to future residents on outside advocate services during their intake/orientation process. Postings of the outside advocate to access free emotional support information was updated both in English and Spanish and placed in the group home. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the group home has demonstrated compliance with this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18 and Frenchburg Group Home's Standard Operating

Policy and Procedures #906 (Reporting and Investigating PREA Violations) revised March 15, 2018 identifies the agency's third party reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through the Internal Investigations Branch (IIB) within the Justice and Public Safety Cabinet.

The Justice Cabinet, Kentucky Department of Juvenile Justice & Internal Investigations Branch websites provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the group home including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties (KYDJJ website and Internal Investigations Branch website).

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the group home has demonstrated compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a group home, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials 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 No

115.361 (d)

- Are medical and mental health professionals required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are 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 No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the group home head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the group home head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the group home has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the group home 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 No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the group home 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 No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) and Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 3/09/18; Chapter (Administration) Policy #100.1 Subject (Promulgation and Revision of Department Policy) effective 5/15/17; Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #104 Subject (Code of Conduct) and Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14; Chapter (Admissions) Policy #208 Subject (Youth Rights) effective 1/04/16 and Policy #328 Subject (Individual Client Records) effective 1/04/16 identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Also at the facility level, Frenchburg Group Home's Standard Operating Policy and Procedures (#100.1, #102, #104, #140, #208, #328, #906, #908 & #911) revised March 15, 2018 comply with the standard requirements at the group home level.

KYDJJ has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During random staff interviews, staff confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the group home's protocol and/or training. All staff would complete an incident report with the details of any incidents that would occur in the group home and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process. Also, there are PREA reference/emergency binders located at the staff work station and both administration areas of the group home that contains the reporting process and forms to assist staff. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. Both the Juvenile Facility Superintendent I and YSPS/PREA Coordinator indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the Internal Investigations Branch (IIB).

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18 and Frenchburg Group Home's Standard Operating Policy and Procedures #908 (DJJ Response to a Report of a PREA Violation) revised March 15, 2018 requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse.

There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months at the group home. Documentation and interviews with the Juvenile Facility Superintendent I and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the KYDJJ policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.

All staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this group home and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. Frenchburg Group Home's staff has a process in place that when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and the resident is placed on a watch status.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another group home, does the head of the group home that received the allegation notify the head of the group home or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the group home that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics)

and Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14 and Frenchburg Group Home's Standard Operating Policy and Procedures (#102, #140, #906 & #908) revised March 15, 2018 requires the Juvenile Facility Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with KYDJJ policies and procedures. Also according to policy and procedure the Juvenile Facility Superintendent is to immediately report the incident to IIB for investigation and complete an incident report.

Documentation (Memo dated 5/25/18) and an interview with the Juvenile Facility Superintendent I indicated he had received no allegations that a resident was abused while confined at another group home or were there any allegations received from another group home during the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18 and FBGH's PREA Protocols and Checklist requires all staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Interviews with the staff and a first responder interview validated their technical knowledge of actions to be taken upon learning that an resident was sexually abused and provided the action steps identified in the KYDJJ policies and procedures of their responsibilities as first responders and aware of why they do these duties. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with KYDJJ policies and procedures including reporting to the Supervisor. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. There have been no allegations of sexual abuse during the past twelve (12) months at the group home.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Frenchburg Group Home's Standard Operating Policy and Procedures (#908) revised March 15, 2018 and PREA Related Incident Emergency Plan provides a written coordinated response system at the group home to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff and contacting medical & mental health outside sources.

FBGH's staff has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting IIB and law enforcement, victim advocate services, hospital & parent/guardian and a number of other individuals in response to sexual abuse allegations. Interviews with the Juvenile Facility Superintendent I and other staff validated their technical knowledgeable of their duties in response to a sexual abuse allegation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The group home provided a memo dated May 20, 2016 confirms Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. KYDJJ does not allow an entity to restrict the Department's ability to terminate an employee or remove a staff who allegedly abuses and harasses youth from having contact with residents pending the outcome of an investigation or determination of whether and to what extent to discipline is warranted. This was confirmed with the KYDJJ Assistant Director of Program Services/PREA Compliance Manager that collective bargaining is not utilized in the Department.

Based on the information discovered in the documentation and an interview with the KYDJJ Assistant Director of Program Services/PREA Compliance Manager, the auditor has determined the group home meets the requirements of the standard.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures 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 No

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) and Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14 and Chapter (Admissions) Policy #208 Subject (Youth Rights) effective 1/04/16 requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. KYDJJ policies and procedures prohibit retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed.

An interview with the YSPS confirmed his responsibility with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Also, he indicated this monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation at the group home in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) and Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 3/09/18; Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation) effective 1/04/16 and Frenchburg Group Home's Standard Operating Policy and Procedures (#318, #323, #905, #908 & #912) revised March 15, 2018 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged.

FBGH YSPS/PREA Coordinator's memo dated May 25, 2018 advised the group home does not have an isolation room and per policy the use of isolation is prohibited to confine any residents. The group home restricts any isolation placement and does not have the capabilities to provide protective housing for a resident as a last resort. The residents would be placed in another facility or group home. An interview with the staff confirmed the group home does not have the capability for the isolation of a victim of sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/group home is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/group home is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the group home 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 906 Subject (Reporting and Investigating PREA Violations) and Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #133 Subject (Ombudsman); Policy #140 Subject (Reporting of Special Incidents) and Policy #142 Subject (Staff Involved in Special Incident Allegations) effective 12/01/14; Chapter (Health and Safety Services) Policy #408.1 Subject (Forensic Information) effective 4/04/14; IIB-001 (DJJ Case Assignment & Investigations); IIB-002 (Receipt of DJJ Allegation and Hotline Coverage) and IIB-013 (PREA Investigations) effective 5/21/13 require all staff to refer all alleged incidents of sexual abuse, sexual harassment or sexual misconduct to the Kentucky State Police (KSP) for investigation and determination of criminal charges. Staff refers all allegations of sexual abuse, sexual harassment or sexual misconduct to the Internal Investigations Branch (IIB) for completion of an administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as a resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.

An interview with the IIB Special Investigative Agent Manager confirmed that all allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the group home, victim, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses and evidence gathering. The evidence collected is not limited to

videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the Kentucky State Police would be notified.

There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this group home in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Internal Investigations Branch (IIB) Policy IIB-001 (DJJ Case Assignment & Investigations) contains all the elements of the standard and IIB investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interviews with both IIB Special Investigative Agent Manager and Juvenile Facility Superintendent I indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to KYDJJ for consultation with legal and Human Resources to determine disciplinary actions. KYDJJ Assistant Director of Program Services/PREA Compliance Manager receives a report from IIB on monthly basis.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.373: Reporting to residents

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

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency group home, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency group home, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/group home is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- 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 No
- 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 group home? Yes No
- 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 group home? Yes No
- 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 group home? Yes No

115.373 (d)

- 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 group home?
 Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the group home?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14 and Chapter (Program Services) Policy #321 (Incident Reporting) effective 1/04/16 requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation.

This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the group home informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the group home; KYDJJ learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the group home. Investigations involving resident-on-resident allegations of sexual abuse, IIB notifies KYDJJ Assistant Director of Program Services/

PREA Compliance Manager who notifies the Juvenile Facility Superintendent who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

FBGH Juvenile Facility Superintendent I confirmed the process of notification from KYDJJ Assistant Director of Program Services/PREA Compliance Manager of the investigation outcome and he would notify the resident as soon as possible. FBGH staff has a "Report of Investigative Outcome to Resident" form to notify the resident. There has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this group home in the past twelve (12) months which was investigated and completed by an outside agency.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 3/09/18; Chapter (Administration) Policy #104 Subject (Code of Conduct) effective 12/01/14; Policy #105 Subject (Management Response to Work Guideline Violations) effective 1/14/16 and Policy #142 Subject (Staff Involved in Special Incident Allegations) effective 4/15/04 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement.

All disciplinary sanctions are maintained in the employee's HR file in accordance with KYDJJ policy and procedures. Termination is the presumptive sanction for staff who had engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. The staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. Interviews with the Juvenile Facility Superintendent I, Administrative Specialist II and documentation review confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the group home's sexual abuse or sexual harassment policies. FBGH YSPS/PREA Coordinator's memo dated May 25, 2018 advised the group home has not had a substantiated complaint of staff sexual abuse against a resident.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the group home take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct) and Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 3/09/18 and Chapter (Administration) Policy #104 Subject (Code of Conduct) effective 12/01/14 requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers.

FBGH Juvenile Facility Superintendent I's interview and YSPS/PREA Coordinator's written memorandum dated May 25, 2018 confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment KYDJJ policies and procedures in the past twelve (12) months at the group home.

Based on the review of the agency policy and procedures, observations information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that 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 No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- 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 No
- 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 Worker? Yes No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- If the group home offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the group home consider whether to offer the offending resident participation in such interventions? Yes No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct) Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #318.1 Subject (Graduated Responses, Sanctions, and Incentives); Policy #318.2 Subject (Disciplinary Review); Policy #318.3 Subject (Discipline: Level 5 Youth Development Center) and Policy #323 Subject (Isolation) effective 1/04/16 and Frenchburg Group Home's Standard Operating Policy and Procedures (#208, #318.1, #318.2, #318.3, #323, #901, #906, #907 & #908) revised March 15, 2018 requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the KYDJJ Assistant Director of Program Services/ PREA Compliance Manager. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute

falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Frenchburg Group Home's staff provides each resident with an orientation handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct.

FBGH YSPS/PREA Coordinator's written memorandum dated May 28, 2018 states that there have been no administrative findings of guilt for resident-on-resident sexual abuse that have occurred at the group home in the past twelve (12) months that resulted in disciplinary action. An interview with the Juvenile Facility Superintendent I indicated that residents may also be referred for prosecution if the allegations were criminal.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (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 No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) effective 3/09/18; Chapter (Administration) Policy #132 Subject (Privacy of Health Information) effective 4/14/03; Chapter (Program Services) Policy #300.1 Subject (Programs and Services) effective 1/04/16; Chapter (Health and Safety Services) Policy #403 Subject (Medical Records); Policy #404.1 Subject (Admission Screening for Physical and Mental Challenges) and Policy #404.3 Subject (Health Assessment and Physical Examination) effective 4/14/14 require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Documentation review confirmed that FBGH's medical and mental health staff had an extensive intake process completing various admission screening forms (i.e. Medical Initial Screening, Medical Care Plan, Medical Education, Medical Referral, MAYSI, Mental Health Interview Questions, Mental Health Evaluation, Victimization or Perpetration History/Offer of Follow-up Mental Health Services, Mental Health Referral, and Human Trafficking Screening) including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process in the past twelve (12) months. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff

provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the group home.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 907 Subject (Resident PREA Education) and Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 1/04/16; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #307 Subject (Counseling Services) effective 1/04/16; Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health) and Policy #404.6 Subject (Emergency Medical Services) effective 4/04/14 requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services.

The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation (i.e. Emergency Medical Treatment form & Consultation and Treatment form) for the direct care staff. Documentation and interviews with medical staff confirmed Meniffee Medical Clinic (ER) provides emergency medical services and St. Clair Hospital or St. Joseph Hospital (SANE certified) provides the forensic medical examinations at no financial cost to the victim. KASAP is the organization identified to provide confidential emotional support services to the residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer at the group home. The group home has available for the residents to telephone the hotline number and the postings of the PREA information is another reporting resource.

Interviews with the medical and mental health staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident's medical/mental health record.

Also, the medical staff's interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interviews indicated that they would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

- Does the group home 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 group home? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the group home provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male group home.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male group home.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the group home 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) and Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #302 Subject (Individual Treatment Plan and Aftercare Plan) effective 1/04/16; Chapter (Health and Safety Services) Policy #400.1 (Health Services); Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #402.1 Subject (Continuity of Care and Medical Discharge); Policy #404.3 Subject (Health Assessment and Physical Examination); Policy #404.6 Subject (Emergency Medical Services); Policy #404.11 Subject (Perinatal Care); Policy #405 Subject (Mental Health Services Administration and Personnel); Policy #405.1 Subject (Mental Health Assessment/Evaluation); Policy #405.3 Subject (Referral for Mental Health Services); Policy #405.5 Subject (Mental Health Emergencies) and Policy #416.1 Subject (Infectious Communicable Disease) effective 4/04/14 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence and appropriate follow-up treatment that may include screening, including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to St. Clair Hospital or St. Joseph Hospital to receive treatment and the physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff interviews indicated there is a protocol (Medical Discharge Summary and Mental Health Referral form) in place to assist residents and their families upon discharge from the group home to continue services if needed.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the group home conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the group home? Yes No
- Does the review team: Examine the area in the group home where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the group home head and PREA compliance manager? Yes No

115.386 (e)

- Does the group home implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review) effective 3/9/18 requires a PREA Incident Debrief of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days.

FBGH's Sexual Abuse Incident Review Team consists of the Juvenile Facility Superintendent I, YSPS/PREA Coordinator, Social Service Clinician I, medical and mental health staff and assigned supervisory staff. Documentation and staff interviews confirmed they would document their review on the "PREA Incident Debrief" form that captures all aspects of an incident that include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant KYDJJ rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

FBGH Juvenile Facility Superintendent I and YSPS/PREA Coordinator's written memorandum dated May 28, 2018 reported there has been no investigations of alleged staff's or resident's sexual abuse that occurred in this group home in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private group home with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 900 Subject (Definitions) and Chapter 909 Subject (Data Collection and Review) effective 3/9/18 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Also, the policy and procedure requires annual aggregate of the sexual abuse data, the collection of necessary data to respond to the DOJ – Survey of Sexual Violence and the data provided to the DOJ no later than June 30 of each year. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders.

The YSPS/PREA Coordinator completes the collected data related to PREA forwards the report to the Juvenile Facility Superintendent I for review and approval prior to forwarding to the KYDJJ Assistant Director of Program Services/PREA Compliance Manager. KYDJJ has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager is responsible for monitoring the PREA data and alerting the KYDJJ Commissioner of any notable trends. An interview with the KYDJJ Assistant Director of Program Services/PREA Compliance Manager indicated that she collects and maintains data from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility or agency. Documentation review of the 2016 DOJ SSV-2 form and KYDCC Annual PREA Leadership Meeting (annual report) revealed they were detailed, comprehensive and identified all state facilities within the Kentucky Department of Juvenile Justice.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each group home, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a group home? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review) effective 3/9/18 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Also, the policy and procedure requires the report to include comparison data and corrective actions from prior years, approved by the Commissioner, made public and allows the redaction of specific material and an indication of the material redacted.

An interview with the KYDJJ Commissioner (Agency Head) indicated the annual report is an opportunity to identify patterns or trends and deficiencies throughout the regions, provide additional trainings for staff and provide solutions to problem areas. The KYDJJ Assistant Director of Program Services/PREA Compliance Manager reports that information is gathered and submitted to the public through an Annual PREA Leadership Meetings (annual reports) that is available on the website, and includes comparison data and any facility modifications or agency policy changes. Also, she indicated the information is security retained and ongoing corrective action is tracked. Frenchburg Group Home's

YSPS/PREA Coordinator monitors collected data to determine and assess the need for any corrective actions and forwards the information to the KYDJJ Assistant Director of Program Services/PREA Compliance Manager.

Documentation review of the 2014, 2015, 2016 and 2017 KYDJJ Annual PREA Leadership Meetings (annual reports) contained the comparison data and corrective actions specific to KYDJJ facilities and a private facility as well as to the agency. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review) effective 3/9/18; Chapter (Administration) Policy #132 Subject (Privacy of Health Information) effective 4/14/03; Policy #149 Subject (Information Systems) effective 9/13/10 and KYDJJ Records Retention Schedule requires that the KYDJJ shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Also, the policy and procedure requires that before making the report public, the KYDJJ shall remove all personal identifies and to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Also, KYDJJ has a data collection retention schedule that identifies the completion of ten (10) years and then to be destroyed.

An interview with KYDJJ Assistant Director of Program Services/PREA Compliance Manager confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the 2017 KYDJJ Annual PREA Leadership Meeting (annual report) confirmed there were no personal identifiers within the document and it is posted on the KYDJJ Website and readily available for public review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the group home has demonstrated compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each group home operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each group home type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited group home?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) web page at <http://djj.ky.gov/pages/prea.aspx> containing the thirty-eight (38) audit reports for PREA audits completed from March 2015 through December 2017. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All thirty (30) facilities have been scheduled for the second PREA review cycle. Nine (9) facilities have been completed the first year of the second PREA review cycle. This group home is one of the facilities scheduled for the second year of the second PREA review cycle. This auditor had access to the entire group and was able to conduct staff and resident interviews in a private room and provided with documentation in accordance to the standard. Residents were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the group home.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single group home agencies, the auditor shall ensure that the group home's last audit report was published. 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 group home agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) web page at <http://dj.ky.gov/pages/prea.aspx> containing the twenty-nine (29) PREA Final Reports that were facilities audited for the previous three years and published within 90 days after the final report was issued by the auditor. Also, nine (9) facilities that were audited for the first year of the second cycle their reports were published within 90 days after the final report was issued by the auditor.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dorothy Xanos _____

August 20, 2018 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.