

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: 6/29/20

Auditor Information

Name: Dorothy Xanos

Email: dxconsultants@gmail.com

Company Name: DX Consultants LLC

Mailing Address: 701 77th Avenue N, PO Box 55372

City, State, Zip: St Petersburg, Florida 33702

Telephone: (813) 918-1088

Date of Facility Visit: 6/08/20 – 6/09/20

Agency Information

Name of Agency: Department of Juvenile Justice

Governing Authority or Parent Agency (If Applicable): Justice and Public Safety Cabinet

Address: 1025 Capital Center Drive, 3rd Floor

City, State, Zip: Frankfurt, KY 40601

Mailing Address: 1025 Capital Center Drive, 3rd Floor

City, State, Zip: Frankfurt, KY 40601

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://djj.ky.gov/pages/prison-rape-elimination-act.aspx>

Agency Chief Executive Officer

Name: LaShana Harris

Email: lashanam.harris@ky.gov

Telephone: (502) 892-3653

Agency-Wide PREA Coordinator

Name: LaShana Harris

Email: lashanam.harris@ky.gov

Telephone: (502) 892-3653

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Cabinet Secretary

23

Facility Information

Name of Facility: Burnside Group Home

Physical Address: 200 Doodletown Road

City, State, Zip: Burnside, KY 42519

Mailing Address: 200 Doodletown Road

City, State, Zip: Burnside, KY 42519

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://djj.ky.gov/pages/prison-rape-elimination-act.aspx>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
ACA Audit – 5/9/18 – 5/11/18 & Internal audit – 12/9/19

Facility Administrator/Superintendent/Director

Name: Brandon J. Wallen

Email: brandonj.wallen@ky.gov

Telephone: (606) 561-5192

Facility PREA Compliance Manager

Name: Christian Welch

Email: Christian.welch@ky.gov

Telephone: (606) 561-5192

Facility Health Service Administrator N/A

Name: Deborah Curry

Email: deborahs.curry@ky.gov

Telephone: (270) 250-5032

Facility Characteristics

Designated Facility Capacity:

8

Current Population of Facility:	5	
Average daily population for the past 12 months:	7	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	13-18	
Average length of stay or time under supervision	3 – 5 months	
Facility security levels/resident custody levels	Level II	
Number of residents admitted to facility during the past 12 months	21	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	21	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	21	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	14	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	4
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	4
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
---	---

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
---	---

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
--	--

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
--	---

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
---	---

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
--	--

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Internal Investigation Branch) <input type="checkbox"/> N/A
--	---

Audit Findings

Audit Narrative (including Audit Methodology)

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 Burnside Group Home (BGH) was originally scheduled April 6-7, 2020 and the notification of the on-site audit was posted on February 24, 2020. However, due to COVID-19, the audit was re-scheduled twice and conducted on June 8-9, 2020 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification which was re-posted on April 27, 2020 six weeks prior to the date of the on-site audit. The group home's last PREA audit was on May 17-18, 2016. The posting of the audit notices both English and Spanish versions was verified during the tour and verified by photographs received via email and on the USB flash drive from the KYDJJ PREA Coordinator. The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. The photographs indicated notices in both English and Spanish versions were posted in various locations throughout the group home including the group home's front door, den, kitchen, staff office, garage, stairway inner door, recreation area, and counselor's office. Throughout all the audit phases, the auditor did not receive any communication from the staff or from residents as a result of the posted notices.

The auditor completed a documentation review using the Pre-Audit Questionnaire, policies, procedures, internet research, and supporting documentation for all forty-one (41) standards. The information necessary for the audit was provided on a secure USB flash drive received by March 15, 2020 and the format of the USB flash drive enabled the auditor to easily review relevant information. The documentation uploaded to the secure USB flash drive was set up with folders for each standard and the information 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. Also, due to the re-scheduling, the auditor requested additional facility information which was provided via email on April 24, 2020 prior to the on-site audit. Additional folders reviewed included the agency's and group home's mission statements, daily population reports for the past twelve (12) months, and the group home's schematics. The supporting documentation for the seven (7) standards was provided to the auditor during the on-site and after the on-site visit to the group home.

A conference call was conducted on May 12, 2020 with the Juvenile Facility Superintendent I and Youth Worker II/PREA Coordinator to review the schedule for the on-site visit, discuss the auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the secure USB flash drive and review information to be sent to the auditor prior to the on-site visit to the group home. The Burnside GH Youth Worker II/PREA Coordinator sent the documentation (staff roster, staff schedule for random and specialized staff) to the auditor prior to arrival to the group home. Also, 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 June 8-9, 2020. An entrance briefing was conducted with the Juvenile Facility Superintendent I, Youth Service Program Supervisor and Youth Worker II/PREA Coordinator. During the entrance briefing, the audit process was explained and a tentative schedule for two (2) days 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 living and dining area, a den, kitchen, orientation area with bathroom, administrative office, four (4) bedrooms with two (2) bathroom areas, garage and storage area, laundry room on the first level. The lower level (basement) consists of a recreation/multidisciplinary room, group counseling area, administrative offices, a bathroom, training and storage area. Located by the staff desk is a secure grievance box for residents and is checked daily by the BGH's Youth Services Program Supervisor (YSPS). Also, the outdoor recreation area holds a basketball court and a storage building. The storage building is used for lawn mowers, tools and for general storage.

During the tour, the auditor observed residents to be under constant supervision of the staff while involved in various activities. 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 and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services. The auditor reviewed the logbook that contained PREA related documentation (unannounced rounds) and observed cameras and the video surveillance system which enhances their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the bathroom/shower area, so residents are not seen on the surveillance system while showering or toileting. During the tour, it was observed both bathroom/shower areas in all four (4) bedrooms did allow for privacy.

During the two (2) day on-site visit, there were a total of five (5) male residents in the group home. Also, BGH's Youth Worker II/PREA Coordinator provided a resident list and no residents were identified from the required list of targeted resident interviews. All five (5) residents were formally interviewed by the auditor. The group home did not have any residents identified in the required categories i.e. physical disability (Blind, Deaf or Hard of Hearing); Limited English Proficient (LEP); a resident who identify as Lesbian, Gay or Bi-sexual; Transgender or Intersex; resident with a cognitive disability; resident in isolation; who reported sexual abuse and who reported sexual victimization during risk screening. All resident interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line and the grievance process. Also, all resident files were reviewed including medical records and additional documentation was completed as well.

The community victims' advocacy services address and telephone number are 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) dated 5/21/18 to provide the programs/resources in each region of the state. During the audit process, KYDJJ's Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) was updated on 8/12/19 to continue providing programs/resources for their facilities. The ADANTA Sexual Assault Resource Center is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from ADANTA Sexual Assault Resource Center via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services. ADANTA's representative indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at the group home. Also, the ADANTA Sexual Assault Resource Center representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. Lake Cumberland Regional Hospital (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Twelve (12) staff were formally interviewed including (5) staff from all three (3) shifts (supervisory and floor staff), Juvenile Facility Superintendent I/retaliation, Youth Worker II/PREA Coordinator; (1) review team/upper level management/first responder; (1) medical staff; (1) mental health staff; (1) human resources and (1) risk screening staff/intake were interviewed during the two (2) days of the on-site visit. Also, interviews were conducted via telephone with the KYDJJ Commissioner/PREA Compliance Manager and Acting Director of IIB 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 duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Juvenile Facility Superintendent I, Youth Worker II/PREA Coordinator, and via telephone the KYDJJ Commissioner/PREA Compliance Manager, Facility Regional Administrator and KYDJJ PREA Coordinator. At the exit debriefing, the auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the group home, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report.

Also, during the exit briefing there was a discussion to send the auditor additional documentation for two (2) standards and the information would be sent to the auditor within the next two (2) weeks for compliance with all the previous standards. The requested information was sent to the auditor by the KYDJJ PREA Coordinator prior to the submission of this report. The 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 facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, 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.

Burnside Group Home (BGH) is an eight (8) bed male group home governed by the Kentucky Department of Juvenile Justice (KYDJJ) and includes a residential and a transitional component. The mission of BGH is to provide DJJ committed youth of Kentucky treatment and education in a safe community-based environment. Burnside Group Home (BGH) was established in 1987 and is located approximately eight (8) miles south of Somerset in the Tateville community. BGH provides a safe atmosphere for residents to learn and grow through education, job readiness, spiritual development and offers a healthy alternative experience to the negative lifestyle they were accustomed to prior to their arrival to the program. The group home is brick ranch consisting of living and dining area, a den, kitchen, orientation area with bathroom, administrative office, four (4) bedrooms with two (2) bathroom areas, garage and storage area, laundry room on the first level. The lower level (basement) consists of a recreation/multidisciplinary room, group counseling area, administrative offices, a bathroom, training and storage area. BGH sets on eleven (11) acres of rolling wooded hills, a quarter mile walking trail, large garden area, several storage sheds, a wood yard, a gazebo, volleyball/basketball court and picnic area for cook outs.

BGH has adjudicated and committed residents from all over the state of Kentucky ranging from ages 13 to 18 years old. The program is designed to promote responsibility, initiative and the development of healthy coping skills. The residents participate in daily living skill chores such as laundry, cooking, cleaning, managing money, managing time and having fun without the use of drugs and alcohol. The staff at BGH teach the young men to gradually understand the impact of their past behaviors, their current circumstances, and subsequently, the lives of those around them, particularly their families. BGH staff strive to maintain a recovery culture that carries on through the therapeutic milieu of the group. The program emphasis is on behavior management with treatment modalities consisting of group and individual counseling with family meetings when possible, substance abuse and relapse prevention/aftercare planning, introduction to NA/AA twelve step program, intensive work with family when possible to ensure enough changes occur in the family structure in order for the resident to be successful upon his return home. BGH staff's main goal is to prepare each resident for a successful return to the community, become a productive and caring member of society. The average length of stay is four (4) to six (6) months. BGH is American Correctional Association (ACA) accredited.

BGH is staffed with fourteen (14) full-time and part-time employees. The staff consisted of: Juvenile Superintendent I; Youth Services Program Supervisor; Social Services Clinician I; Youth Worker III; (8) Youth Worker II; (1) Youth Worker I and Administrative Specialist II at the group home.

BGH has a KYDJJ Regional Registered Nurse who completes the initial intake medical assessment of each resident. She completes the physical assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), 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, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Additionally, dental services are provided by an outside source consisting of dental care, cleaning, education, and treatment fillings to extractions. Lake Cumberland Regional Hospital provides the emergency and forensic medical

examinations. Adanta Sexual Assault Resource Center (ASARC) is the program identified to provide the victim advocacy services for the residents at the group home. Mental health services at the group home are provided by the KY DJJ Clinical Psychologist. 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.

BGH has two (2) types of resident admissions, the first of which is called a step-down resident, and generally are residents who have been in a higher secure level facility prior to admission to the group home. A step-down admission is a two (2) phase program. The first phase is "Transition", which allows the resident to adjust to a new environment. The second phase is "Demonstration", this allows residents to demonstrate newly acquired skills and to practice in a community based environment before their return to community placement. The second type of admission is a front-end resident admission. This is usually a resident's initial residential placement. A front-end resident admission's first phase is "Orientation" which deals with pretreatment issues and overall orientation to the program. The second phase is "Learning" which helps the resident identify skills that will help them interrupt destructive patterns of behavior. The third phase is "Progress" which allows for practice of newly acquired skills. And the fourth phase is "Graduation" which is planning for continued success in the community.

BGH residents are sent off campus to attend school. The Pulaski County/Somerset Day Treatment Center, established in December 1996, is a KYDJJ program for male and female residents ranging in ages from twelve (12) to eighteen (18) or up to twenty-one (21) in some cases. The Center provides educational and treatment services for residents referred from the court system, Pulaski County Schools, Somerset Independent Schools and the Burnside Group Home. The maximum capacity of students served is forty-five (30 KECSAC students). The Center is operated year round and allows residents to continue their education while receiving assistance and support with their treatment needs while at the program. The credits earned in the school by the residents can be transferred back to their public school if it is a part of their individualized treatment plan. The school is equipped with a library including technological equipment to enhance student learning. The educational and treatment staff consist of: Director (who also serves as a Mental Health Professional), three (3) full-time teachers (one certified special education), three (3) instructional assistants, two (2) full-time counselors, a full-time and a part-time cafeteria staff, a custodian and a secretary.

BGH residents are involved in several community service projects. These include Adopt-A-Highway, Garland Bend Home Owners Clean Up, Lake Cumberland Clean-Up, providing firewood for the heat emergency assistance program, and several other volunteer projects for the area community. These programs teach community involvement and responsible citizenship. Also, residents participate in various vocational, independent living and recreational activities, including woodwork, home repair, yard work and gardening. These activities help pay for recreational activities such as camping, hiking, fishing, swimming, bowling, volleyball, pool, video games, movies and eating out.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.311, 115.331 & 115.333

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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 group home 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 group home'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.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #900-912 [Prison Rape Elimination Act (PREA)] reviewed 05/04/18 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. Also, the SOP identifies the group home's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations.

Kentucky Department of Juvenile Justice (KYDJJ) has a designated juvenile PREA Compliance Manager (PCM) her official title is the Commissioner and reports directly to the Cabinet Secretary. 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 twenty-three (23) residential and detention facilities with the support of the executive administration. The PREA Compliance Manager is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance. During the PCM's interview, she indicated there is another staff (KYDJJ PREA Coordinator) who assists her in providing the facilities with technical and administrative guidance and supporting documentation.

BGH's PREA Coordinator (PC) is the Youth Worker II who indicated he has sufficient time, authority to develop, implement and to oversee the group home's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. Both the agency's and the group home's organizational charts support the requirement of this standard. Also, the PC has created a PREA reference/education binder located at the supervisor's desk. The PREA reference/education binder contains the policy, reporting process, victim advocate information, and forms for the group home staff in the event of an incident. There is a PREA first responder box (PREA Kit) located in the YSPS office that contains yellow caution tape, a digital camera, logbook, a copy of the prior first responder checklist and a log to track who is using the items in the box.

Based on the randomly selected staff, specialized staff and all 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 bulletin boards, posters, reviews of staff and resident handbooks, training curriculums confirmed the group home's commitment and dedication to create a PREA compliant culture.

Overall, the auditor has determined the agency and the group home have substantially exceeded the requirements of this standard.

Policy and Supporting Documents Reviewed, Interviews and Observations:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)]
- Burnside Group Home Standard Operating Procedure (SOP) #900-912 [Prison Rape Elimination Act (PREA)]
- PREA Standards Compliance Checklist
- Burnside Group Home’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Coordinator Designation and Qualifications
- Facility PREA Compliance Manager Designation and Qualifications
- Agency/Department Organization Chart
- Facility Organization Chart
- PREA Coordinator and PREA Compliance Manager Interviews
- Facility Tour

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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the documentation and the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] and Subject #904 (Contracted Residential Entities) effective 3/09/18 and Burnside Group Home (BGH) Standard Operating Procedure (SOP) #904 (Contracted Residential Entities) reviewed 05/04/18 describes when the department contracts for the confinement of residents with other entities, including other government agencies, any new contract or contract renewal will include the contractor's obligations to adopt and comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act (PREA).

A review of the Pre-Audit Questionnaire (PAQ) confirmed KYDJJ has seven (7) contracts for the confinement of residents the agency entered into with varied private entities or other government agencies on or after August 20, 2012. KYDJJ has entered into/renewed seven (7) Private Child Care agreements for specialized services and/or residential care since September of 2016. Of these contracts, there are none that is eligible for KYDJJ to monitor compliance with the PREA standards. An interview with the KYDJJ Commissioner/PREA Compliance Manager confirmed there are no contracts eligible for KYDJJ to monitor compliance with the PREA standards.

Therefore, 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.

Policy and Supporting Documents Reviewed, and Interview:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)]
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #904 (Contracted Residential Entities)
- Burnside Group Home Standard Operating Procedure (SOP) #904 (Contracted Residential Entities)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agreements for confinement
- PREA Compliance Manager Interview

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?

- Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- 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 facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility 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 facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility 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 facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #910 (Facility Security Management) effective 3/09/18; Chapter (Program Services) Policy # 319 Subject (Staff Requirements for the Supervision of Youth) and Policy #319.1 Subject (Facility Capacities) effective 4/05/19 contained the required information identifying each facility 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 is reviewed annually with the administrative staff. Also, the policies contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in the facility “Administrative Facility Tour Log” and “Unannounced Facility Visit” form that contains observations of all areas of the group home on a monthly basis.

The annual review completed by the facility’s Superintendent shall assess, determine, and document whether adjustments are needed to the facility’s established staffing plan, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Identify the requirement of unannounced rounds to be conducted by an intermediate-level and higher-level supervisor and conduct these unannounced rounds on a weekly basis during all shifts. Supervisory staff is prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a Supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #910 (Group Home Security Management) and #911 (DJJ Staff PREA Education and Training) reviewed 05/04/18; SOP # 319 (Staff Requirements for the Supervision of Youth) and SOP #319.1 (Facility Capacities) effective 4/08/19 requires at the facility level 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 is reviewed annually with the administrative staff. The policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in the group home logbook and "Unannounced Facility Visit" form that contains observations of all areas of the group home on a monthly basis.

A review of BGH's staffing plan dated 9/09/19 indicated the group home requires at a minimum two (2) staff per eight (8) residents on each shift. Also, according to the staffing plan, there will be one (1) male staff on each shift. The documentation review of staffing plan, shift reports, video monitoring and staff schedules confirmed the group home adheres to the standard requirements of the staff-to-youth ratio as identified 1:8 during the resident waking hours and 1:16 during resident sleeping hours. Also, the documentation indicated the staffing plan is reviewed on an annual basis and the group home did not have any deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate and minimum staff ratios are always maintained.

An interview with the Juvenile Facility Superintendent I confirmed on an annual basis, there is a review of the group home's staffing plan and the group home has a mechanism in place for call outs and staff volunteer to stay over if needed. However, he indicated the staffing plan is reviewed and completed every month to ensure placement of direct care staff, safety and security of residents and training of new staff on the "Staffing Plan Development Process" form. Documentation review confirmed the staffing plan review was completed on a monthly basis.

Burnside Group Home is a staff secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The Juvenile Facility Superintendent I; Youth Service Program Supervisor and Youth Worker II/PREA Coordinator 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 daily shift report and "Unannounced Facility Visit" form contains information and observations of all areas of the group home. Documentation, Juvenile Facility Superintendent I, Youth Service Program Supervisor, and Youth Worker II/PREA Coordinator interviews confirmed the process takes place on all three (3) shifts in the group home on a monthly basis.

During the group home tour, the auditor observed and reviewed the Unannounced Facility Visit forms and daily shift report forms, where unannounced rounds were documented including the staff identification, date and time. A review of the samples provided by the group home of random dates confirmed there is a minimum of one (1) unannounced round conducted on each shift monthly by upper or middle management staff.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #910 (Group home Security Management)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy # 319 Subject (Staff Requirements for the Supervision of Youth)

- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #319.1 Subject (Facility Capacities)
- Burnside Group Home (BGH) SOP #910 (Group Home Security Management) and #911 (DJJ Staff PREA Education and Training)
- Burnside Group Home (BGH) SOP # 319 (Staff Requirements for the Supervision of Youth) and SOP #319.1 (Facility Capacities)
- 2019 BGH's Staffing Plan
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Staff Work Schedules
- Daily Population Report for the past twelve (12) months
- The group home's shift reports, video monitoring, and "Unannounced Facility Visit" forms
- Juvenile Facility Superintendent I, and Youth Worker II/PREA Coordinator interviews
- Group Home Tour

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies 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 facility have 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 facility 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 facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #910 (Facility Security Management) and Subject #912 (Sexual Orientation and Gender Identity) effective 3/09/18; Chapter (Program Services) Policy # 321 Subject (Incident Reporting) & Policy #325 Subject (Searches) effective 4/5/19 and General Directive #12-01 issued 4/2/2012 requires residents shall be permitted 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 incident to routine dormitory checks. Requires cross gender frisk searches of transgender and intersex residents will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. Requires that the opposite gender staff shall announce their presence when entering a resident housing unit. Also, the policy indicated any cross-gender searches are required to be documented.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #321 (Incident Reporting) and SOP #325 (Searches) reviewed 4/08/19 and SOP #910 (Facility Security Management) and SOP # 912 (Sexual Orientation and Gender Identity) reviewed 05/04/18 requires at the group home level residents permitted 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 incident to routine dormitory checks. Requires cross gender frisk searches of transgender and intersex residents will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. Requires that the opposite gender staff shall announce their presence when entering a resident housing unit. Also, the policy indicated any cross-gender searches are required to be documented by the staff

Random staff interviews indicated staff of the opposite gender entering the bedroom areas would consistently announce themselves. All five (5) resident interviews indicated staff of the opposite gender entering bedroom areas would consistently announce themselves. During the group home tour, it was observed staff of the opposite gender announce their presence when entering the bedroom areas. KYDJJ has extensive staff training, a review of the training documentation including a "Cross Gender Visual Searches" power point, staff rosters and staff interviews confirmed receiving the annual 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. All random staff interviews were able to describe what an exigent circumstance would be and knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Also, random staff interviews identified the KYDJJ policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining the resident's genital status. Residents stated 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 confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, random staff and resident interviews indicated that staff of the opposite gender is prohibited from entering the shower area while residents are showering. During the tour, it was observed the bathroom/shower area in all four (4) bedrooms did allow for privacy.

The Youth Worker II/PREA Coordinator's memorandum dated 2/01/20 indicated there had 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 interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #910 (Facility Security Management)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #912 (Sexual Orientation and Gender Identity)
- KYDJJ Chapter (Program Services) Policy # 321 Subject (Incident Reporting) & Policy #325 Subject (Searches)
- General Directive #12-01
- Burnside Group Home (BGH) SOP #910 (Facility Security Management) and SOP # 912 (Sexual Orientation and Gender Identity)
- Burnside Group Home (BGH) SOP #321 (Incident Reporting) and SOP #325 (Searches)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ Trainer Power Point (Cross Gender Visual Searches & Contraband and Searches)
- 2018-2019 Training Event Attendance Sheets & Acknowledgement of Cross Gender Searches Training forms
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.
- Random staff and resident interviews
- Group Home Tour
- Youth Worker II/PREA Coordinator's memorandum

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education) and Subject #911 (DJJ Staff PREA Education and Training) effective 3/09/18; Chapter (Admissions) Policy #205 Subject (Youth Rights) and Policy #301 Subject (Intake and Orientation) effective 4/5/19; Chapter (Health and Safety Services) Policy #400.1 Subject (Health Services) effective 4/5/19 and Policy #404.1 (Admission Screening for Physical and Mental Challenges) effective 10/5/18 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the group home's efforts to prevent, protect and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with resident's disabilities, including residents who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient (LEP). Also, the policy prohibits any group home to rely on resident interpreters, resident readers or any kind of resident assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise a residents' safety, the performance of first-responder duties or the investigation of the resident's allegations.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #208 (Youth Rights) and SOP #301 (Intake and Orientation) reviewed 4/08/19; SOP #404.1 (Admission Screening for Physical and Mental Challenges) reviewed 1/09/19 and SOP #907 (Resident PREA Education) and SOP #911 (DJJ Staff PREA Education and Training) reviewed 05/04/18 requires at the group home level the

procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the group home's efforts to prevent, protect and respond to sexual abuse and sexual harassment.

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 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. The group home's Social Services Clinician I provides the PREA education at intake, during orientation and documents the information on a "Youth Acknowledgment of PREA Education and PREA Documentation" form. The group home has a reference folder for staff with all the Language Services Associates and Telephone Interpretation Services and the "Interpreter Services Monthly Log Sheet" in the event, the staff would need an interpreter for any of the residents.

Random staff interviews confirmed their knowledge of the outside agency providing services to the group home and they would not rely on the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an residents' safety, the performance of first-responder duties or the investigation of the resident's allegations. Also, Pulaski County/Somerset Day Treatment Center provides education to the residents off campus. The teachers could provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis.

During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing, or who had a cognitive disability. An interview with the Youth Worker II/PREA Coordinator indicated if a resident exhibit such a disability, arrangements will be made to provide the necessary and required assistance. Also, the Social Services Clinician I indicated services are required and the staff would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 confirmed in the past twelve (12) months, the group home did not have any instances of resident interpreters, assistance or readers being used for reporting allegations of sexual abuse or sexual harassment.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights) and Policy #301 Subject (Intake and Orientation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #400.1 Subject (Health Services)

- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #208 (Youth Rights) and SOP #301 (Intake and Orientation)
- Burnside Group Home (BGH) SOP #404.1 (Admission Screening for Physical and Mental Challenges)
- Burnside Group Home (BGH) SOP #907 (Resident PREA Education) and SOP #911 (DJJ Staff PREA Education and Training)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Language Services Associates
- 2018-2019 Training Event Attendance Sheets
- KYDJJ PREA Training – power point
- KYDJJ PREA Refresher Training curriculum
- National Sexual Assault Hotline brochure (English and Spanish)
- KYDJJ Don't be Afraid! Report any Sexual Activity or Abuse! brochure (English and Spanish)
- KYDJJ Resident PREA Education brochure (English, Spanish and Bosnian)
- Youth Worker II/PREA Coordinator interview and memorandum
- Social Services Clinician I interview
- Random staff interviews
- Group Home Tour

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency 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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #902 (Personnel Procedures) & Subject #906 (Reporting and Investigating PREA Violations) effective 3/09/18; Kentucky's Open Records Act (KRS) 61.872 & 61.878; Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #106.3 Subject (Background Checks) & Policy #134 Subject (Records Request) effective 3/09/18 prohibits KYDJJ staff to 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 group home, 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.

Also, the KYDJJ personnel policies indicated the requirement of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer in which the employee has applied to work provided the request is written. Requires 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 allegation of sexual abuse. Requires a continuing affirmative duty for employees to disclose any such conduct. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with residents 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. All background checks are conducted initially on new employees, current and promotion decisions of employees and contractors.

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, 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 criminal background checks to consider 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. Also, she indicated conducting the same checks for contractors, and volunteers. The Administrative Specialist II advised Central Office ensures background checks are conducted every five (5) years. Also, she confirmed 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 intern's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (PREA Requirements for DJJ Staff form) are completed during the hiring process. The HR staff complete the criminal background information (Request for Record Check & Central Registry Check) and receives an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the training/orientation process and is provided with the KYDJJ Employee Handbook. 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.

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

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #902 (Personnel Procedures)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #106.3 Subject (Background Checks) & Policy #134 Subject (Records Request)
- Kentucky’s Open Records Act (KRS) 61.872 & 61.878;
- PREA Standards Compliance Checklist
- Burnside Group Home’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: one
- Pre-Audit Questionnaire review - In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: one
- Background checks (Request for Record Check & Central Registry Check)
- PREA Requirements for DJJ Staff form
- Administrative Specialist II interview

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] effective 3/09/18 requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the group home's ability to protect residents from harm, including sexual abuse. Requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the group home's ability to protect residents from harm, including sexual abuse.

An interview with the BGH's Juvenile Facility Superintendent I and his memorandum indicated there had been no major modifications to the group home and upgrades to the video monitoring system with two (2) additional cameras in the past twelve (12) months. During the tour, cameras were observed throughout the group home and the auditor reviewed the video surveillance system at the Juvenile Facility Superintendent I's desk. The video surveillance system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Also, this enables the staff to monitor residents more efficiently throughout the physical plant of the group home. The administrative staff is continually evaluating the electronic surveillance system and video monitoring.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)]
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Surveillance System Schematic and Diagrams
- Juvenile Facility Superintendent I interview and memorandum
- Group Home Tour

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; General Directive #10-02; Chapter (Program Services) Policy #300.1 Subject (Programs and Services); effective 4/5/19; 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) effective 4/5/19 and KRS 15A.020 & 500 KAR 13:020 (Office of Investigations) 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. 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, the KYDJJ policies and procedures require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. 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, sexual harassment or sexual misconduct to the Kentucky State Police for criminal investigation and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigation. The KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #300.1 (Programs and Services) reviewed 4/08/19; SOP #402 (Access to Medical, Dental and Mental Health); SOP #404.6 (Emergency Medical Services); SOP #404.8 Subject (Hospital Care); and SOP #408.1 Subject (Forensic Information) reviewed 1/09/19 and SOP #908 (DJJ Response to a Report of a PREA Violation) reviewed 05/04/18 requires at the group home level the specifications to the department's policy and procedure on providing emotional support, crisis intervention, information and referrals to the alleged victim.

There is evidence of KYDJJ obtaining a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) dated 5/21/18 to provide the programs/resources in each region of the state. During the audit process, KYDJJ's Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) was updated on 8/12/19 to continue providing programs/resources for their facilities. The ADANTA Sexual Assault Resource Center is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from ADANTA Sexual Assault Resource Center via telephone

during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services. ADANTA's representative indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at the group home. Also, the ADANTA Sexual Assault Resource Center representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. Lake Cumberland Regional Hospital (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Regional medical and mental health staff interviews indicated the group home will offer all victims access to forensic medical examinations without financial cost and 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. Also, the regional medical and mental health staff interviews confirmed residents would be transported Lake Cumberland Regional Hospital for emergency and forensic medical examinations. An interview with the Youth Worker II/PREA Coordinator's and the Juvenile Facility Superintendent I's memorandum dated 02/01/20 confirmed if the rape crisis center is unavailable to provide victim advocate services, the group home will provide a qualified staff member from the community-based organization or a qualified agency staff member to accompany the victim. Also, Youth Worker II/PREA Coordinator confirmed the qualified staff member would provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards. The Juvenile Facility Superintendent I's memorandum dated 02/01/20 confirmed in the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

The group home has available the KYDJJ PREA brochure "Don't be Afraid! Report any Sexual Activity or Abuse!" and identifies for the residents to call a hotline number directly to the Internal Investigations Branch (IIB) utilizing a telephone at the group home. Also, the brochure identifies the investigator does not work for DJJ and will make sure the report is confidential. During the on-site visit, the auditor tested one of the telephones and it dialed directly to the investigative office and allowed the auditor to leave a message. An on-call investigator receives the message and begins the investigative process. The brochure identified another hotline telephone to the Rape Crisis Center for residents to access victim services.

Random 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. Also, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment. Random staff interviews confirmed their knowledge on evidence protocol and their role as first responders and how to preserve evidence until local law enforcement officers or KSP arrived 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #300.1 Subject (Programs and Services)

- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy #404.6 Subject (Emergency Medical Services)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy #404.8 Subject (Hospital Care)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy #408.1 Subject (Forensic Information)
- General Directive #10-02
- KRS 15A.020 & 500 KAR 13:020 (Office of Investigations)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #300.1 (Programs and Services)
- Burnside Group Home (BGH) SOP #402 (Access to Medical, Dental and Mental Health); SOP #404.6 (Emergency Medical Services); SOP #404.8 Subject (Hospital Care); and SOP #408.1 Subject (Forensic Information)
- Burnside Group Home (BGH) SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of forensic medical exams conducted during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by SANE/SAFE during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.
- Memorandum of Understanding with Kentucky Association of Sexual Assault Programs (KASAP)
- PREA brochure "Don't be Afraid! Report any Sexual Activity or Abuse!"
- ADANTA Sexual Assault Resource Center representative interview
- Youth Worker II/PREA Coordinator interview
- Juvenile Facility Superintendent I's memorandum
- Random staff interviews
- Regional medical and mental health staff interviews

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18 and Burnside Group Home PREA Allegations and Monitoring Procedures requires that all 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, and to document all such referrals. Requires notification to local law enforcement of all verified incident of sexual abuse of a resident by a staff member, contractor, or volunteer and sexual abuse between resident/resident shall be referred to the local law enforcement

agency of jurisdiction for investigation and consideration of criminal prosecution. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. 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, sexual harassment or sexual misconduct to the Kentucky State Police (KSP) 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 and the information is located in the PREA brochure "Don't be Afraid! Report any Sexual Activity or Abuse!" that is available in English and Spanish. 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. Interviews with BGH's Juvenile Facility Superintendent I and Youth Worker II/PREA Coordinator confirmed the agency ensures 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 Commissioner/PREA Compliance Manager. The staff would contact the Internal Investigations Branch (IIB) immediately for an administrative investigation and KSP for a criminal investigation. Also, IIB and/or KSP investigators would contact KYDJJ Commissioner/PREA Compliance Manager on the progress of sexual abuse investigations.

Also, BGH's Youth Worker II/PREA Coordinator interview and memorandum dated 02/01/20 confirmed there had been no allegations of sexual abuse and sexual harassment resulting in administrative or criminal investigations in the past twelve (12) months. An interview with the Acting Director of IIB confirmed the process of staff contacting directly the IIB office immediately upon an allegation of sexual abuse and/or sexual harassment and confirmed contacting the KYDJJ Commissioner/PREA Compliance Manager on the progress of a sexual abuse investigation. All staff interviews confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

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 PREA Coordinator sent the appropriate supplemental documentation to the 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations of sexual abuse and sexual harassment received during the past 12 months were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations resulting in an administrative investigation during the past 12 months was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations referred for criminal investigation during the past 12 months was zero
- Special Investigator Receipt of PREA Training (IIB)
- KYDJJ state's website
- IIB's website
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's interview and memorandum
- Acting Director of IIB interview
- Random staff interviews
- Supplemental documentation for the corrective actions (training material and sign-in sheets)

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 facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct); Subject #906 (Reporting and Investigating PREA Violations); Subject #907 (Resident PREA Education); Subject #908 (Response to a Report of a PREA Violation) and Subject #911 (DJJ Staff PREA Education and Training) effective 3/09/18; Chapter (Administration) Policy #101 (Administrative Responsibility of Managers) effective 11/30/18; Chapter (Admissions) Policy #205 (Youth Rights) effective 4/5/19; 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 and the Kentucky statutes (KRS 620.020; 620.030; 620.040; 620.050 & 510.020) requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #101 (Administrative Responsibility of Managers) reviewed 1/09/19; SOP #501 (Training and Staff Development); SOP #502 Subject (Pre-Service Training); SOP #505 Subject (Training Requirements, Special Staff Groups and Specialized Task Training) and SOP #506 Subject (Training Academy Operations) reviewed 10/03/19 and SOP #911 (DJJ Staff PREA Education and Training) effective 5/04/18 requires at the group home level an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. Also, all new employees sign the group home's "New Hire Online Training Checklist" form indicating they completed and understand the online training module requirements.

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. The group home staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee. Also, all group home staff receives training on how to complete the human trafficking screening form.

All new employees sign the “Acknowledgement of New Hire Orientation PREA Training” form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training. At the group home, the staff is trained continually about the PREA standards during shift briefings and the completion of various on-line trainings. Additionally, all staff is required to complete an annual in-service PREA training and sign the “Acknowledgment of Phase 10 PREA Training” indicating they completed the training and understand their responsibilities for all the different training modules of the PREA training. Employee training records are maintained with their personnel file.

Youth Worker II/PREA Coordinator and random staff interviews confirmed receiving annual in-service training, their comprehension of the PREA guidelines on how staff and residents can privately report sexual abuse and sexual harassment and their obligation in preventing, detecting and reporting any allegation of sexual abuse and/or sexual harassment. Also, a review of the documentation provided by Youth Worker II/PREA Coordinator had the staff’s annual PREA training (1/16/19, 2/17/19 & 11/25/19) conducted within the past twelve (12) months.

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 by providing extensive training to all employees who work at their facilities. The agency requires all staff to receive formal PREA training annually. At the group home, it was evident through documentation, interviews and observation of the day-to-day operations 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 facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to receive formal PREA training annually.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter (Administration) Policy #101 Subject (Administrative Responsibility of Managers)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter (Admissions) Policy #205 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy 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)
- Kentucky statutes (KRS 620.020; 620.030; 620.040; 620.050 & 510.020)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #101 (Administrative Responsibility of Managers)
- Burnside Group Home (BGH) SOP #501 (Training and Staff Development); SOP #502 Subject (Pre-Service Training); SOP #505 Subject (Training Requirements, Special Staff Groups and Specialized Task Training) and SOP #506 Subject (Training Academy Operations)
- Burnside Group Home (BGH) SOP #911 (DJJ Staff PREA Education and Training)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2018 – 2019 Training (Acknowledgement of New Hire Orientation PREA Training forms)
- 2018 – 2019 Training Event Attendance Sheets
- 2018 & 2019 KYDJJ PREA Training curriculum (10 Phases - power point & study guide)
- Youth Worker II/PREA Coordinator interview
- Random staff interviews

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct); Subject #903 (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors) and Subject #911 (DJJ Staff PREA Education and Training) effective 3/09/18 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. The training consists of a power point presentation that includes policies, PREA definitions, reporting requirements and other required procedures.

Documentation (curriculum & video) was reviewed for content and addresses the zero-tolerance policy, volunteer, intern, and contractor requirement for confidentiality and how to report any incidents of sexual abuse and or sexual harassment. The group home reported one (1) contractor (nurse) and no volunteers who would have access to residents in the past twelve (12) months. A review of the individual contractor file contained a signed and dated acknowledgement form the nurse completed in August 2019 and understood her requirement for confidentiality and her duty to report any incidents of sexual abuse and/or sexual harassment. In the past four to five months, due to COVID-19 the contracted nurse no longer came to the group home and the KYDJJ Regional Nurse took over the responsibilities. An interview with the KYDJJ Regional Nurse confirmed her knowledge of the PREA training and KYDJJ's zero tolerance of any form of sexual activity at the group home as well as her duty to report sexual abuse or sexual harassment.

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

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2018 & 2019 KYDJJ PREA Training curriculum (Phase 1 & 6 - power point & study guide)
- "Keeping Our Kids Safe" video
- Acknowledgment of Phase 1 and Phase 6 PREA Training forms (contract and regional nurses)
- KYDJJ Regional Nurse interview

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education) effective 3/09/18 and Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 4/5/19 requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. 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 orientation packet 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 or she 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 group home. All residents are provided Resident PREA Education and KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" brochure which is available in English, Spanish and Bosnian. The information includes their right to be free from sexual abuse and sexual harassment, how to report, their right to be free from retaliation for reporting sexual abuse or sexual harassment, prevention/intervention, self-protection, reporting and treatment/counseling. Also, the assigned 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.

An interview with the Social Services Clinician I 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 and again within several days. Upon arrival, the residents will process through security, medical, mental health and meet with the Social Services staff to conduct the screening and assessment process. The residents are provided with the Resident Orientation Packet and the PREA brochure available in English, Spanish and Bosnian. The resident signs both "Youth Acknowledgement of PREA Education and PREA Documentation" and "Resident Reception Summary & Youth Acknowledgement" forms to verify the review of the PREA education provided verbally by the staff on how to report allegations and how to access emotional support services.

A review of all five (5) 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. An interview with the Youth Worker II/PREA Coordinator and documentation confirmed PREA education is provided to all residents upon arrival to the group home and monthly. All five (5) resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the group home. PREA postings

were observed during the tour at the group home in the hallways leading to the four (4) bedrooms, common areas and residents identified the postings as another source of information for them.

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 group home has demonstrated exceeding this standard. The agency requires the staff to ensure all residents receive detailed information about PREA.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) #301 Subject (Intake and Orientation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Five (5) resident files (Individual Client Record) "Youth Acknowledgement of PREA Education and PREA Documentation" and "Resident Reception Summary & Youth Acknowledgement" forms
- Resident PREA Education and KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" brochure (English, Spanish and Bosnian)
- BGH Resident Orientation Packet
- Social Services Clinician I interview
- Youth Worker II/PREA Coordinator interview
- Five (5) resident interviews

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (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 (KSP) 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 incidents.

All IIB Investigators undergo an extensive training prior to conducting administrative investigations which includes the “Basic Investigation Training” requirement. There are four (4) IIB investigators assigned to conduct the administrative investigations. Documentation review contained the training certificates and training history report of all four (4) IIB investigators confirming the completion of the required investigation training. An interview with the Acting Director of IIB confirmed completing 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 (KSP) for further investigation for the determination of criminal charges.

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

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #133 Subject (Ombudsman) and Policy #140 Subject (Reporting of Special Incidents)
- PREA Standards Compliance Checklist
- Burnside Group Home’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Basic Investigations – power point presentation
- (4) Training certificates and training history report
- Acting Director of IIB interview

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) and Chapter 9 Subject #911 (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 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.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #404.3 Subject (Health Assessment and Physical Examination) and SOP #408.1 Subject (Forensic Information) reviewed 1/09/19; SOP #906 (Reporting and Investigating PREA Violations); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #911 (DJJ Staff PREA Education and Training) reviewed 5/04/18 requires at the group home level 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.

Both the medical and mental health staff are regional staff assigned to the group home and are required to complete the basic PREA training and the specialized training for medical and mental health staff in accordance with KYDJJ requirements. Documentation review confirmed both medical and mental health staff completed the initial required training (Phase 1 – PREA training and Phase 6 - Specialized Training: PREA Medical and Mental Care Standards curriculum). Both medical and mental health regional staff signed the "Acknowledgement of Phase 1 PREA Training" and "Acknowledgement of Phase 6 PREA Training" forms confirming completion of both annual trainings.

Interviews with both regional medical and mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing both modules and participating in the annual basic PREA training provided by KYDJJ. Also, both regional 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 medical and mental health staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations);
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #404.3 Subject (Health Assessment and Physical Examination) and Policy #408.1 Subject (Forensic Information)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #404.3 Subject (Health Assessment and Physical Examination) and SOP #408.1 Subject (Forensic Information)
- SOP #906 (Reporting and Investigating PREA Violations); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #911 (DJJ Staff PREA Education and Training)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ PREA – power point presentation (Phase 1 & 6)
- Acknowledgments of Phase 1 and 6 forms & Training Event Attendance Sheets
- Regional medical and mental health staff interviews

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, 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: (1) Prior sexual victimization or abusiveness? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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, facility 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 facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (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; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) and Policy #328 Chapter (Individual Client Records) effective 4/5/19 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 potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All residents are screened within twenty-four hours upon arrival at the group home 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. Also, policies require all residents to be assessed during intake screening and upon transfer to another group home for their risk of being sexually abused by other residents or sexually abusive toward other residents. Requires intake screening include: mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be LGBTI or gender nonconforming. Residents are reassessed at a minimum quarterly and throughout their stay at the group home. The group home's policy limits staff access to this information on a "need to know basis". Also, prohibits the discipline of any resident for refusing to answer screening questions.

All five (5) resident interviews and a review of the documentation revealed the risk screenings are being conducted on the same day as their admission to the group home and reassessed quarterly at the group home. Upon admission, each resident is screened with an objective screening instrument for risk of victimization and sexual abusiveness called KYDJJ “The Victimization and Sexual/Physical Aggression Screener” (VSPA-S) and within seventy-two (72) hours a mental health practitioner will conduct an initial Mental Health Assessment. 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.

Interview with the Social Services Clinician I confirmed that an initial screening is conducted within twenty-four (24) hours of the resident’s arrival. Also, during the on-site visit, the auditor while interviewing asked the staff to explain the intake process. The Social Services Clinician I indicated reviewing prior information in the court reports, health issues, classification assessments and past criminal behavior. Also, the screening 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 Service Program Supervisor/PREA Coordinator, Social Service Clinician I, and medical staff.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #102 Subject (Employee Code of Ethics)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #132 Subject (Privacy of Health Information)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #149 Subject (Information Systems)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #301 Subject (Intake and Orientation) and Policy #328 Chapter (Individual Client Records)
- PREA Standards Compliance Checklist
- Burnside Group Home’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Five (5) resident files (Individual Client Record) - The Victimization and Sexual/Physical Aggression Screener” (VSPA-S)
- Social Services Clinician I interview

- All five (5) resident interviews

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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

115.342 (c)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) 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 facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure); Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) and Subject #912 (Sexual Orientation and Gender Identity) effective 3/09/18; Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation) effective 4/5/19 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.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #318 (Behavior Management) and SOP #323 (Isolation) reviewed 4/18/19; SOP #905 (Juvenile Vulnerability Assessment Procedure) and SOP #908 (DJJ Response to a Report of a PREA Violation) 05/04/18 requires at the group home level the screening and assessment process used to determine a resident's appropriate placement in sleeping and any other assignments.

The assigned group home staff utilizes various forms (Victimization and Sexual/Physical Aggression Screener & BGH "Bedroom log and Change log") 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 housing unit for gay, bisexual, transgender or intersex resident. The 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.

BGH's Juvenile Facility Superintendent I, Youth Worker II/PREA Coordinator, and Social Services Clinician I interviews described how information from the "Victimization and Sexual/Physical Aggression Screener" form prohibits 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 four (4) bedrooms, bunk beds, desks, dressers and two (2) bathroom/shower areas in the group home. Each bedroom has a camera and residents are not allowed to change their clothing in the bedroom but in the bathroom/shower area. PREA information and other group home information is posted in the hallway outside of the four (4) bedrooms. Isolation is not utilized at the group home as a means of protective custody. An interview with BGH's Youth Worker II/PREA Coordinator and Juvenile Facility Superintendent I's memorandum dated 02/01/20 confirmed 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #912 (Sexual Orientation and Gender Identity)

- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #318 (Behavior Management) and SOP #323 (Isolation)
- Burnside Group Home (BGH) SOP #905 (Juvenile Vulnerability Assessment Procedure) and SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- The Victimization and Sexual/Physical Aggression Screener" (VSPA-S)
- Juvenile Facility Superintendent I interview and memorandum
- Youth Worker II/PREA Coordinator interview
- Social Services Clinician I interview

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Subject #907 (Resident PREA Education) and Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #120 Subject (Youth Rights) effective 4/5/19; 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 #205 Subject (Youth Rights) effective 4/5/19 and Chapter (Program Services) Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation) and Policy #321 (Incident Reporting) effective 4/5/19; KRS 15A.020, KRS 620.030 & 500 KAR 13:020 (Office of Investigations) confirmed 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 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. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #140 Subject (Reporting of Special Incidents) reviewed 01/09/19; SOP #205 Subject (Youth Rights) and SOP #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation) reviewed 04/08/19; SOP #901 (Zero Tolerance of Any Type of Sexual Misconduct); SOP #906 (Reporting and Investigating PREA Violations); SOP #907 (Resident PREA Education) and SOP #908 (DJJ Response to a Report of a PREA Violation) reviewed 05/04/18 confirmed at the group home level 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 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.

Burnside Group Home has multiple ways for resident reporting of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process residents are advised they can tell any staff member, including interns, contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure.

Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, from third parties, and their obligation of being mandated child abuse reporters. In addition, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number outside of the group home. While touring the entire group home, the auditor observed postings of the PREA information and victim advocate services information throughout the group home including the living and dining area, a den, kitchen, orientation area with bathroom, administrative office, four (4) bedrooms with two (2) bathroom areas, garage and storage area, laundry room on the first level. The lower level (basement) consists of a recreation/multidisciplinary room, group counseling area, administrative offices, a bathroom, training and storage area. Located by the staff desk is a secure grievance box for residents and is checked daily by the BGH's Youth Services Program Supervisor (YSPS). The Youth Worker II/PREA Coordinator's interview indicated staff may privately report sexual abuse and sexual harassment of residents via the hotline number (IIB), Kentucky State Police or to their supervisor verbally and/or in writing.

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 BGH Orientation Handbook and during the intake/orientation process. During the group

home tour, the auditor tested the hotline number to confirm the resident has access to report of sexual abuse and sexual harassment to IIB.

The community victims' advocacy services address and telephone number are 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) dated 5/21/18 to provide the programs/resources in each region of the state. During the audit process, KYDJJ's Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) was updated on 8/12/19 to continue providing programs/resources for their facilities. The ADANTA Sexual Assault Resource Center is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from ADANTA Sexual Assault Resource Center via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services. ADANTA's representative indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at the group home. Also, the ADANTA Sexual Assault Resource Center representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. Lake Cumberland Regional Hospital (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

All five (5) 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.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #120 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials); Policy #132 Subject (Privacy of Health Information); Policy #140 Subject (Reporting of Special Incidents) and Policy #205 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation) and Policy #321 Subject (Incident Reporting)
- KRS 15A.020, KRS 620.030 & 500 KAR 13:020 (Office of Investigations)

- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #140 Subject (Reporting of Special Incidents)
- Burnside Group Home (BGH) SOP #205 Subject (Youth Rights) and SOP #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation)
- Burnside Group Home (BGH) SOP #901 (Zero Tolerance of Any Type of Sexual Misconduct); SOP #906 (Reporting and Investigating PREA Violations); SOP #907 (Resident PREA Education) and SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP)
- Grievance form
- PREA Postings (English & Spanish)
- ADANTA Sexual Assault Resource Center representative's interview
- Youth Worker II/PREA Coordinator interview
- Random staff interviews
- Five (5) resident interviews

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: 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 facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- 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 allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations) and Subject #908 (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; Chapter (Admissions) Policy #205 Subject (Youth Rights) and Policy #209 Subject (Youth Access to Outside Investigative Agencies) effective 4/5/19; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) and Policy #331 Subject (Grievance Procedure) effective 4/5/19 and KRS 15A.020 & 500 KAR 13:020 (Office of Investigations) allows a resident to submit a grievance regarding an allegation of sexual abuse with no time limit. This allows for third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of residents. Allows the group home to request the alleged victim to agree to third party grievances alleging sexual abuse. If a resident decline to have the request processed, the group home will document the residents' decision.

Prohibits the requirement a resident must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. Allows a resident to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint. Also, the policy 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 box located in living/multi-purpose room (study and break areas) of the group home. 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 I 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.

Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by residents preparing any administrative appeal. Allows the department to claim an extension of time to respond to a grievance up to seventy (70) days, with notification to the resident. Establishes an emergency grievance for a resident subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days. Prohibits the discipline of a resident for filing a grievance related to sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith.

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.

An interview with the BGH's Youth Worker II/PREA Coordinator and memorandum dated 02/01/20 confirmed there had been no grievances reported within past twelve (12) months related to sexual abuse or sexual harassment complaints. He indicated emergency grievances are available and he reports the staff must respond within 24 hours and provide a final determination within five (5) days. Youth Worker II/PREA Coordinator confirmed the residents receive an explanation on how to use the grievance process to report allegations of sexual abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with a resident handbook. Residents may place a written complaint (grievance) in the secured grievance box located by the staff desk. Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the secured grievance box (black box) located by the staff desk. However, the staff indicated they would contact the supervisor immediately and IIB to begin an investigation.

All five (5) 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.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #301 Subject (Intake and Orientation) and Policy #331 Subject (Grievance Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights) and Policy #209 Subject (Youth Access to Outside Investigative Agencies)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents)
- KRS 15A.020 & 500 KAR 13:020 (Office of Investigations)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of resident's decision to decline, reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero

- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed a grievance in bad faith reported was zero
- Grievance form
- Youth Worker II/PREA Coordinator interview and memorandum
- Random staff interviews
- Five (5) resident interviews

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations) & Chapter 9 Subject #908 (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 #205 Subject (Youth Rights) effective 4/5/19; Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation) effective 4/05/19 requires the facilities to provide residents outside victim advocate for emotional support services, access to confidential legal counsel and the group home to provide reasonable communication between residents, these organizations and agency, in as confidential a manner as possible. The group home shall inform residents prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. All the policies and procedures confirm residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #121 (Youth Access to Courts, Attorneys and Law Enforcement Officials) and SOP #132 (Privacy of Health Information) reviewed 01/09/19; SOP #205 (Youth Rights); SOP #300.1 (Programs and Services) and SOP #310 (Family and Community Contacts: Mail, Telephone and Visitation) reviewed 04/08/19; SOP #906 (Reporting and Investigating PREA Violations) and SOP #908 (DJJ Response to a Report of a PREA Violation) reviewed 05/04/18 confirmed at the group home level all the policies and procedures requires the group home to provide residents outside victim advocate for emotional support services, access to confidential legal counsel and the group home to provide reasonable communication between

residents, these organizations and agency, in a confidential manner. The group home shall inform residents prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. All the policies and procedures confirm residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

The community victims' advocacy services address and telephone number are 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) dated 5/21/18 to provide the programs/resources in each region of the state. During the audit process, KYDJJ's Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) was updated on 8/12/19 to continue providing programs/resources for their facilities. The ADANTA Sexual Assault Resource Center is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from ADANTA Sexual Assault Resource Center via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services. ADANTA's representative indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at the group home. Also, the ADANTA Sexual Assault Resource Center representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. Lake Cumberland Regional Hospital (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. During the group home tour, the auditor tested the hotline number to confirm the resident has access to report of sexual abuse and sexual harassment to the IIB.

All five (5) resident interviews confirmed they have reasonable and some confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The group home 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 PREA postings, the orientation handbook and the KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" brochure contained information of the outside services. Resident interviews confirmed their knowledge of how to access outside services but did not know what kind of services is provided to them. Also, the auditor reviewed documentation on resident's access to attorneys provided during the intake process, a resident signs a "Department of Public Advocacy Acknowledgement (DPA) Form" advising him or her having access to legal services for residents placed in a residential treatment group home operated by KYDJJ. The group home has a DPA sign-up sheet to track when an attorney visits the residents in the group home.

After the on-site visit, all residents were re-educated on who provides free confidential emotional support services (ADANTA Sexual Assault Resource Center). The KYDJJ PREA Coordinator sent the appropriate supplemental documentation to the 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 facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials); Policy #132 Subject (Privacy of Health Information) and Chapter (Admissions) Policy #205 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #121 (Youth Access to Courts, Attorneys and Law Enforcement Officials) and SOP #132 (Privacy of Health Information)
- Burnside Group Home (BGH) SOP #205 (Youth Rights); SOP #300.1 (Programs and Services) and SOP #310 (Family and Community Contacts: Mail, Telephone and Visitation)
- Burnside Group Home (BGH) SOP #906 (Reporting and Investigating PREA Violations) and SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP)
- PREA Postings (English & Spanish)
- ADANTA Sexual Assault Resource Center representative's interview
- Random staff interviews
- Five (5) resident interviews
- Supplemental documentation for the corrective actions (education material and sign-in sheet)

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations) effective 3/09/18 and Burnside Group Home (BGH) SOP #906 (Reporting and Investigating PREA Violations) reviewed 05/04/18 identifies the Department'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. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Compliance Manager or the Internal Investigations Branch Office. This information is reported directly to the State-wide PREA Compliance Manager who will inform the Juvenile Facility Superintendent.

Random staff and the IIB investigator interviews were able to describe how reports are made by third parties (KYDJJ website and Internal Investigations Branch website) and confirmed if they receive allegations of sexual abuse or sexual harassment from third party reporters, the allegations would be reported directly to IIB. Third party reporters included fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. Also, a review of the KYDJJ PREA Coordinator's memorandum dated 09/04/19 and documentation identified the group home's methods for third party reporting.

The auditor viewed the website, confirmed the information regarding third-party reporting and the link to send an e-mail directly to the Director of Program Services/PREA Compliance Manager. Also, an interview with the KYDJJ Commissioner/PREA Compliance Manager confirmed and described the process for third-party reporting sexual abuse or sexual harassment. All five (5) resident interviews confirmed their awareness of reporting sexual abuse or sexual harassment to others outside of the group home including access to their parent(s)/legal guardian(s) and attorney. Also, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Burnside Group Home (BGH) SOP #906 (Reporting and Investigating PREA Violations)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ & IIB websites
- KYDJJ PREA Coordinator's memorandum
- KYDJJ Commissioner/PREA Compliance Manager interview
- IIB investigator interview
- Random staff interviews
- Five (5) resident interviews

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials 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 practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are 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 facility 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 facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) and Chapter 9 Subject #911 (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); Policy #140 Subject (Reporting of Special Incidents) and Policy #328 (Individual Client Records) effective 4/05/19 and Chapter (Admissions) Policy #205 Subject (Youth Rights) effective 4/05/19 requires all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the group home, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All group home staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the group home's protocol and/or training.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #102 Subject (Code of Ethics) and SOP #140 Subject (Reporting of Special Incidents) reviewed 01/09/19; SOP #205 (Youth Rights) and SOP #328 (Individual Client Records) reviewed 04/08/19; SOP #906 (Reporting and Investigating PREA Violations); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #911 (DJJ Staff PREA Education and Training) reviewed 05/04/18 confirmed at the group home level all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the group home, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

KYDJJ has identified the reporting process for all staff employed, contracted, intern or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual 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. Random staff interviews 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 is a PREA reference/education binder located in the supervisor's desk containing the policy, reporting process, victim advocate information, and forms for the group home staff in the event of an incident. Interviews with regional medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. The Youth Worker II/PREA Coordinator interview indicated 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #100.1 Subject (Promulgation and Revision of Department Policy)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #102 Subject (Code of Ethics)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #104 Subject (Code of Conduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #328 Subject (Individual Client Records)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #102 Subject (Code of Ethics) and SOP #140 Subject (Reporting of Special Incidents)
- Burnside Group Home (BGH) SOP #205 (Youth Rights) and SOP #328 (Individual Client Records)
- Burnside Group Home (BGH) SOP #906 (Reporting and Investigating PREA Violations); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #911 (DJJ Staff PREA Education and Training)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Youth Worker II/PREA Coordinator interview
- Random staff interviews
- Regional medical and mental health staff interviews

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18 and BGH Sexual Abuse/Contact/Offenses, Allegations and Monitoring Procedures requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse.

Interviews with the Youth Worker II/PREA Coordinator indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal of the resident and to isolate the threat. The other random staff interviews 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. Also, the resident would be referred for mental health services. BGH's staff has a process in place 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. Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 confirmed there were no incidents involving an immediate action to protect a resident that was a substantial risk of imminent sexual abuse 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 interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- BGH Sexual Abuse/Contact/Offenses, Allegations and Monitoring Procedures
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Youth Worker II/PREA Coordinator interview and memorandum
- Random staff interviews

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 facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility 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 facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations) & Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Administration) Policy #102 Subject (Code of Ethics) and Policy #140 Subject (Reporting of Special Incidents) effective 12/01/14 requires the Juvenile Facility Superintendent, upon receiving an allegation 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 as soon as possible but no later than 72 hours and shall be documented 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.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #102 (Code of Ethics) and SOP #140 (Reporting of Special Incidents) reviewed 01/09/19; SOP #906 (Reporting and Investigating PREA Violations) and SOP #908 (DJJ Response to a Report of a PREA Violation) reviewed 05/04/18 confirmed at the group home level the Juvenile Facility Superintendent, upon receiving an allegation 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 as soon as possible but no later than 72 hours and shall be documented in accordance with KYDJJ policies and procedures.

An interview with Juvenile Facility Superintendent I and the Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 indicated per policy an allegation made whereby a resident was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. Also, the Juvenile Facility Superintendent I indicated he had received no allegations a resident was abused while confined at another facility or were there any allegations received from another facility 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #102 Subject (Code of Ethics) and Policy #140 Subject (Reporting of Special Incidents)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #102 (Code of Ethics) and SOP #140 (Reporting of Special Incidents)
- Burnside Group Home (BGH) SOP #906 (Reporting and Investigating PREA Violations) and SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received from other facilities was zero
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's memorandum

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18 requires all staff to take specific steps to respond to a report of sexual abuse including: to separate the resident, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring

the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

Random staff interviews and a first responder interview validated their technical knowledge of actions to be taken upon learning a 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. Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 indicated there have been no allegations a resident was sexually abused with a staff responding as a first responder or were notified within a time period that allowed for the collection of physical evidence 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was sexually abused was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero
- Pre-Audit Questionnaire review - of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff was the first responder were zero
- Random staff interviews
- First responder interview
- Youth Worker II/PREA Coordinator's memorandum

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18 and Burnside Group Home (BGH) Standard Operating Procedure (SOP) #908 (DJJ Response to a Report of a PREA Violation) and BGH's Action Plan reviewed 05/04/18 provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services.

Interviews with the Youth Worker II/PREA Coordinator and other random staff validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The group home 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 law enforcement, victim advocate services, hospital and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the "PREA Incident Notification List" form to complete the documentation of the incident.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #908 (DJJ Response to a Report of a PREA Violation) and BGH's Action Plan
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Incident Notification List form
- Youth Worker II/PREA Coordinator interview
- Random staff interviews

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The group home provided a memorandum dated October 1, 2019 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 Commissioner/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 Commissioner/PREA Compliance Manager, the auditor has determined the group home meets the requirements of the standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ Commissioner/PREA Compliance Manager interview

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Chapter 9 Subject #907 (Resident PREA Education) and

Chapter 9 Subject #908 (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 #205 Subject (Youth Rights) effective 9/25/18 requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other residents and staff. Requires multiple protections such as housing changes or transfers for resident victims or abusers, removal of the alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation are available. Requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff.

An interview with the Juvenile Facility Superintendent I 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. He indicated this monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff. Also, the interview with the Juvenile Facility Superintendent I indicated all alleged victims or reporters are met within twenty-four (24) hours, every two (2) weeks and after the first month every thirty (30) days thereafter. The Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 indicated 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 staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's memorandum

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

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure); Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) and Chapter 9 Subject #912 (Sexual Orientation and Gender Identity) effective 3/09/18; Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation) effective 4/05/19 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.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #318 (Behavior Management) and SOP #323 (Isolation) reviewed 04/08/19; SOP #905 (Juvenile Vulnerability Assessment Procedure); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #912 (Sexual Orientation and Gender Identity) reviewed 05/04/18 confirmed at the group level 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.

BGH's Juvenile Facility Superintendent I's memorandum dated 02/01/20 advised the group home per policy and the use of an isolation room is prohibited to confine any residents. The group home restricts any isolation placement and does not provide protective housing for a resident as a last resort. The residents would be placed in another facility. Random staff interviews confirmed the group home does not use isolation for a victim of sexual abuse or sexual harassment the resident would be placed in another facility.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #912 (Sexual Orientation and Gender Identity)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #318 Subject (Behavior Management) and Policy #323 Subject (Isolation)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #318 (Behavior Management) and SOP #323 (Isolation)
- Burnside Group Home (BGH) SOP #905 (Juvenile Vulnerability Assessment Procedure); SOP #908 (DJJ Response to a Report of a PREA Violation) and SOP #912 (Sexual Orientation and Gender Identity)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Juvenile Facility Superintendent I's memorandum
- Random staff interviews

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations 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 agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 9 Subject #906 (Reporting and Investigating PREA Violations) and Chapter 9 Subject #908 (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 10/5/18; 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. Requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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.

Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Requires all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

Documentation review and an interview with the Acting Director of IIB confirmed he completed the required specialized investigator training as well as the annual PREA education. The Acting Director of IIB indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. All allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, 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 investigation would be referred to Kentucky State Police (KSP).

The Acting Director of IIB interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an

investigation. Also, the Acting Director of IIB indicated an investigation does not cease until completed, regardless if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The Acting Director of IIB reported he would assist if the investigation was conducted by Kentucky State Patrol (KSP). BGH's Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 confirmed there has been no reported investigation appearing to be criminal and referred for prosecution of alleged staff's or resident's 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) 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)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #408.1 Subject (Forensic Information)
- IIB-001 (DJJ Case Assignment & Investigations); IIB-002 (Receipt of DJJ Allegation and Hotline Coverage) and IIB-013 (PREA Investigations)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Basic Investigations – power point presentation
- (4) Training certificates and training history report
- Acting Director of IIB interview
- Youth Worker II/PREA Coordinator's memorandum

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Internal Investigations Branch (IIB) Policy IIB-001 (DJJ Case Assignment & Investigations) requires a facility to investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. 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 Acting Director of IIB and Juvenile Facility Superintendent I indicated 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 Commissioner/PREA Compliance Manager receives reports 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Internal Investigations Branch (IIB) Policy IIB-001 (DJJ Case Assignment & Investigations)
- PREA Standards Compliance Checklist
- Burnside Group Home’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Acting Director of IIB interview
- Juvenile Facility Superintendent I interview

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 facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

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

115.373 (c)

- Following 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 facility? 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 facility? 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 facility? 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 facility? 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 facility? Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (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 Subject (Incident Reports) effective 4/05/18 requires 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. The policy further requires following a resident's allegation 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 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 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.

BGH's Juvenile Facility Superintendent I confirmed the process of notification from KYDJJ Commissioner/PREA Compliance Manager of the investigation outcome and he would notify the resident as soon as possible. BGH has a "Report of Investigative Outcome to Resident" form to notify the resident. BGH's Juvenile Facility Superintendent I's memorandum dated 02/01/20 confirmed there has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in the 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)

- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #321 Subject (Incident Reporting)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - The number of criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/facility the past 12 months was zero
- Pre-Audit Questionnaire review - Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was zero
- Pre-Audit Questionnaire review - The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero
- Pre-Audit Questionnaire review - Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the group home who were notified verbally or in writing of the results of the investigation was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero
- Report of Investigative Outcome to Resident form
- Juvenile Facility Superintendent I interview and memorandum

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 9 Subject #902 (Personnel Procedures) & Chapter 9 Subject #906 (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 2/15/04 required staff who are terminated or who resign for a violation of the sexual abuse or sexual harassment policies shall be informed of the KYDJJ's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation of KYDJJ sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who had engaged in sexual abuse. Requires that violations of the KYDJJ policies relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be 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. The policy also mandates that the violation be reported to the KYDJJ Commissioner/PREA Compliance Manager and law enforcement if criminal in nature. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Kentucky State Police (KSP), unless the activities were not clearly criminal.

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. 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. BGH's Youth Worker II/PREA Coordinator memorandum dated 02/01/20 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.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #902 (Personnel Procedures)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #104 Subject (Code of Conduct); Policy #105 Subject (Management Response to Work Guideline Violations) and Policy #142 Subject (Staff Involved in Special Incident Allegations)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the group home who have violated agency sexual abuse or sexual harassment policies was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the group home who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the group home who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the group home who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator memorandum
- Administrative Specialist II interview

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct) and Chapter 9 Subject #911 (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 require the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the group home’s sexual abuse and harassment policies by contractors or volunteers.

Interviews with the BGH’s Juvenile Facility Superintendent I interview and Youth Worker II/PREA Coordinator’s memorandum dated 02/01/20 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. All volunteers and contractors must sign the “Acknowledgment of Phase 1 PREA Training” form upon completion of the PREA training they received. This was verified with the documentation review of the intern’s information.

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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #911 (DJJ Staff PREA Education and Training)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #104 Subject (Code of Conduct)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was zero
- Acknowledgment of Phase 1 PREA Training forms
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's memorandum

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 clinician? 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 facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes 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)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 9 Subject #906 (Reporting and Investigating PREA Violations); Chapter 9 Subject #907 (Resident PREA Education) & Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #205 Subject (Youth Rights) effective 4/05/19; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #318.1 Subject (Graduated Responses, Sanctions and Incentives) and Policy #318.2 Subject (Disciplinary Review) effective 4/05/19 requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual 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 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.

Requires sanctions to be 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. Requires consideration whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Requires the consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available.

Also, a review of the Burnside Group Home (BGH) Standard Operating Procedure (SOP) #205 (Youth Rights); SOP #318 (Behavior Management); SOP #318.1 (Graduated Responses, Sanctions and Incentives) and SOP #318.2 (Disciplinary Review) reviewed 04/08/19; SOP #901 (Zero Tolerance of Any Type of Sexual Misconduct); SOP #906 (Reporting and Investigating PREA Violations); SOP #907 (Resident PREA Education) and SOP #908 (DJJ Response to a Report of a PREA Violation) reviewed 05/04/18 requires at the group level to comply with the Department's policies and procedures as stated above.

BGH's Juvenile Facility Superintendent I interview indicated 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. BGH's Youth Worker II/PREA Coordinator's written memorandum dated 02/01/20 states there have been no administrative findings of guilt for resident-on-resident sexual abuse occurred at the group home in the past twelve (12) months resulting in disciplinary action. Also, the Juvenile Facility Superintendent I interview indicated 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #901 (Zero Tolerance of Any Type of Sexual Misconduct)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #906 (Reporting and Investigating PREA Violations)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #208 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #318 Subject (Behavior Management)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #318.1 Subject (Graduated Responses, Sanctions and Incentives)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #318.2 Subject (Disciplinary Review)
- Burnside Group Home (BGH) Standard Operating Procedure (SOP) #205 (Youth Rights); SOP #318 (Behavior Management); SOP #318.1 (Graduated Responses, Sanctions and Incentives) and SOP #318.2 (Disciplinary Review)
- Burnside Group Home (BGH) SOP #901 (Zero Tolerance of Any Type of Sexual Misconduct); SOP #906 (Reporting and Investigating PREA Violations); SOP #907 (Resident PREA Education) and SOP #908 (DJJ Response to a Report of a PREA Violation)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was zero
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's memorandum

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

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure) effective 3/09/18; Chapter (Administration) Policy #132 Subject (Privacy of Health Information) effective 3/04/03; Chapter (Program Services) Policy #300.1 Subject (Programs and Services) effective 4/05/19; Chapter (Health and Safety Services) Policy #400.1

Subject (Health 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 10/5/18 and the Kentucky Statutes (KRS 600.020 & 620.030) 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 BGH's regional 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. The regional medical and mental health staff interviews confirmed 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #132 Subject (Privacy of Health Information)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #300.1 Subject (Programs and Services)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #400.1 Subject (Health 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)
- Kentucky Statutes (KRS 600.020 & 620.030)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 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)
- Regional medical and mental health staff interviews

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

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

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education) and Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #205 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #307 Subject (Counseling Services) effective 4/05/19; Chapter (Health and Safety Services) Policy #400.1 Subject (Health Services); Policy #402 Subject (Access to Treatment and Continuity of Care) and Policy #404.6 Subject (Emergency Medical Services) effective 10/05/18 requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the group home's designated medical and mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

The regional 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 regional medical staff confirmed Lake Cumberland Regional Hospital (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. ADANTA Sexual Assault Resource Center is the program identified to provide confidential emotional support services to the residents who report sexual abuse and sexual harassment by another resident, staff member, intern, 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 regional medical and mental health staff confirmed residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The regional medical staff indicated 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 regional 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 regional medical staff's interviews indicated a referral would 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. Regional mental health staff interviews indicated she 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. Documentation in the reports indicated that services are provided immediately upon notification. BGH's Juvenile Facility Superintendent's memorandum dated 02/01/20 confirmed 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 the staff interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #907 (Resident PREA Education)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #307 Subject (Counseling Services)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Policy #400.1 Subject (Health Services); Policy #402 Subject (Access to Treatment and Continuity of Care) and Policy #404.6 Subject (Emergency Medical Services)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with Kentucky Association of Sexual Assault Programs (KASAP)
- PREA brochure "Don't be Afraid! Report any Sexual Activity or Abuse!"
- ADANTA Sexual Assault Resource Center representative interview
- Regional medical and mental health staff interviews
- Juvenile Facility Superintendent I's memorandum

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

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure) and Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation) effective 3/09/18; Chapter (Admissions) Policy #205 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #302 Subject (Individual Treatment and Aftercare Plan) effective 4/05/19; Chapter (Health and Safety Services) Policy #400.1 (Health Services); Policy #402 Subject (Access to Treatment and Continuity of Care); 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 (Behavioral Health Services Administration and Personnel); Policy #405.1 Subject (Behavioral Health Screening and Evaluation); Policy #405.3 Subject (Referral for Behavioral Health Services); Policy #405.5 Subject (Behavioral Health Emergencies) and Policy #416.1 Subject (Infectious Communicable Disease) effective 10/5/18 requires ongoing medical and mental health care for sexual abuse victims and abusers. This will include medical and mental health evaluation and treatment, follow-up services, treatment plans and referrals. Requires pregnancy tests, as necessary and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The group home is required to provide such victims with medical and mental health services consistent with the community level of care.

Also, the policies require the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community equipped to evaluate, collect physical evidence and appropriate follow-up treatment to 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 Lake Cumberland Regional 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 regional 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #905 (Juvenile Vulnerability Assessment Procedure)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #908 (DJJ Response to a Report of a PREA Violation)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Admissions) Policy #205 Subject (Youth Rights)

- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Program Services) Policy #300.1 Subject (Programs and Services) and Policy #302 Subject (Individual Treatment and Aftercare Plan)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Health and Safety Services) Chapter (Health and Safety Services) Policy #400.1 (Health Services); Policy #402 Subject (Access to Treatment and Continuity of Care); 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 (Behavioral Health Services Administration and Personnel); Policy #405.1 Subject (Behavioral Health Screening and Evaluation); Policy #405.3 Subject (Referral for Behavioral Health Services); Policy #405.5 Subject (Behavioral Health Emergencies) and Policy #416.1 Subject (Infectious Communicable Disease)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Medical Discharge Summary and Mental Health Referral form
- Regional medical and mental health staff interviews

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (Data Collection and Review) effective 3/9/18 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse incident review to be conducted within thirty (30) days of the conclusion of the investigation. Requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

An interview with BGH's Juvenile Facility Superintendent I, other staff interviews and documentation review of the investigation reports confirmed that a report (Sexual Abuse Incident Review) is prepared upon completion of sexual abuse incident reviews. The report would 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, motivated or caused by group dynamic, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

BGH's Sexual Abuse Incident Review Team consists of the Juvenile Facility Superintendent I, Youth Service Program Supervisor, Social Service Clinician I, medical and mental health staff and assigned supervisory staff. Documentation and random 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. BGH Youth Worker II/PREA Coordinator's memorandum dated 02/01/20 reported there has been no investigations of alleged staff's or resident's sexual abuse that occurred in 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 interviews and review of documentation, the group home has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (Data Collection and Review)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sexual Abuse Incident Review form
- Juvenile Facility Superintendent I interview
- Youth Worker II/PREA Coordinator's memorandum
- Random staff interviews

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #900 (Definitions) and Chapter 9 Subject #909 (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 group home with which it contracts for the confinement of offenders.

An interview with the Youth Worker II/PREA Coordinator confirmed the Juvenile Facility Superintendent I will complete the collected data related to PREA forwards the report to the KYDJJ Commissioner/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 Commissioner/PREA Compliance Manager is responsible for monitoring the PREA data and alerting the KYDJJ Cabinet Secretary of any notable trends. An interview with the KYDJJ Commissioner/PREA Compliance Manager indicated she collects and maintains data from each group home on a monthly basis. The information is used to identify trends and create corrective actions for an individual group home or agency. Documentation review of the 2018 DOJ SSV-2 form and 2018 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #900 (Definitions)
- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (Data Collection and Review)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2018 DOJ Surveys of Sexual Victimization Report
- 2018 KYDJJ Annual PREA Leadership Meeting (annual report)
- KYDJJ Commissioner/PREA Compliance Manager interview
- Youth Worker II/PREA Coordinator interview

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (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 require 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 Commissioner/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 group home modifications or agency policy changes. Also, she indicated the information is security retained and ongoing corrective action is tracked. BGH's Juvenile Facility Superintendent I indicated he monitors collected data to determine and assess the need for any corrective actions and forwards the information to the KYDJJ Commissioner/PREA Compliance Manager.

Documentation review of the 2018 KYDJJ Annual PREA Leadership Meetings (annual report) 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (Data Collection and Review)
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2018 DOJ Surveys of Sexual Victimization Report
- 2018 KYDJJ Annual PREA Leadership Meeting (annual report)
- KYDJJ Commissioner (Agency Head) interview
- Juvenile Facility Superintendent I interview
- KYDJJ website

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 3/04/03; 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 Commissioner/PREA Compliance Manager confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the 2018 KYDJJ Annual PREA Leadership Meeting (annual report) confirmed there were no personal identifiers within the document. 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.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 Subject #909 (Data Collection and Review)
- Kentucky Department of Juvenile Justice (KYDJJ) Chapter (Administration) Policy #132 Subject (Privacy of Health Information)

- Kentucky Department of Juvenile Justice (KYDJJ) Policy #149 Subject (Information Systems)
- KYDJJ Records Retention Schedule
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ Commissioner/PREA Compliance Manager interview
- 2018 KYDJJ Annual PREA Leadership Meeting (annual report)

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) web page at <http://djj.ky.gov/pages/prea.aspx> containing the forty-four (44) audit reports for PREA audits completed from March 2015 through August 2018. One third of each facility type operated by this Agency was completed during the first PREA audit cycle in accordance with the standard. Fourteen (14) facilities have been scheduled for the second PREA audit cycle. Eight (8) facilities have been completed the first year of the second PREA audit cycle. Five (5) facilities have been completed the second year of the second PREA audit cycle. One (1) facility had been completed the third year of the second PREA audit cycle. The group home is one of the facilities scheduled for the first year of the third PREA audit cycle. The auditor had access to the entire group home and was able to conduct staff and resident interviews in a private room and provided with documentation in accordance with the standard. Residents were permitted to send confidential information or correspondence to the 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.

Based on the review of the agency policy and procedures and information obtained through the documentation review, the agency did not demonstrate compliance with the standard during the second PREA audit cycle. However, the agency has scheduled the audits for the third PREA audit cycle in compliance with the standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)]
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- KYDJJ Director of Program Services/PREA Compliance Manager interview
- 2018 KYDJJ Annual PREA Leadership Meeting (annual report)
- KYDJJ website

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Kentucky Department of Juvenile Justice (KYDJJ) web page at <http://dj.ky.gov/pages/prea.aspx> containing the fourteen (14) PREA Final Reports were facilities audited for the previous three years and published within 90 days after the final report was issued by the auditor. Also, one (1) facility was audited for the third year of the second cycle, the report was published within 90 days after the final report was issued by the auditor.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)]
- PREA Standards Compliance Checklist
- Burnside Group Home's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- KYDJJ Director of Program Services/PREA Compliance Manager interview

- 2018 KYDJJ Annual PREA Leadership Meeting (annual report)
- KYDJJ website

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

07/02/20

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.