

JUVENILE FACILITIES



Auditor Information			
Auditor name: Walter J. Krauss, Psy. D.			
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Telephone number: 860-707-4622			
Date of facility visit: May 11th and 12th, 2015			
Facility Information			
Facility name: Breathitt Regional Detention Center			
Facility physical address: 2725 Highway 30 West Jackson, Kentucky 41339			
Facility mailing address: (if different from above)			
Facility telephone number: 606-348-4201			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Gary L. Drake			
Number of staff assigned to the facility in the last 12 months: 50			
Designed facility capacity: 47			
Current population of facility: 12			
Facility security levels/inmate custody levels: Level V			
Age range of the population: 11-18			
Name of PREA Compliance Manager: Gareth John Sparks		Title:	SSCI
Email address: JohnG.Sparks@ky.gov		Telephone number:	606-295-2350
Agency Information			
Name of agency: Kentucky Department of Juvenile Justice			
Governing authority or parent agency: Kentucky Justice and Public Safety Cabinet			
Physical address: 1025 Capital Center Drive, 3rd Floor, Frankfort, Kentucky 40601-8205			
Mailing address: (if different from above)			
Telephone number: 502-573-2738			
Agency Chief Executive Officer			

Name: Bob Hater	Title:	Commissioner
Email address: BobD.Hater@ky.gov	Telephone number:	502-573-2738
Agency-Wide PREA Coordinator		
Name: LaShana Harris	Title:	Assistant Director of Administrative Services
Email address: LaShanaM.Harris@ky.gov	Telephone number:	502-573-2738

AUDIT FINDINGS

NARRATIVE:

The Breathitt Regional Juvenile Detention Center (JDC) is a 47 bed (Custody level V) secure program that houses both male and female juveniles ranging in age from 11-17 years old. The facility is located in Jackson, Kentucky, and is operated by the Kentucky Department of Juvenile Justice (DJJ). The facility opened in November 1997 and was the first such facility in the state. Breathitt Regional JDC accepts youth who have been referred by the courts while awaiting adjudication, who have been sentenced as a result of the adjudication process or who have been committed to DJJ to await placement. The facility also accepts youth who are waiting transfer to another jurisdiction or have been apprehended as a result of a Commissioners Warrant. Thirty three of the beds are allocated to juvenile detention youth, ten for the revocation program, two intake, and two isolation rooms. There are four housing units, with three of those units dedicated to detention residents. The fourth unit is allocated for use by the revocation program. At the time of the audit one of the units (Unit 400) was not in use due to the reduced numbers of residents in the facility.

Facility programming is designed to enhance and promote structure, safety, and control. Programming consists primarily of education, counseling, recreation, and religious services while emphasizing the value of work and volunteering for the greater good of the community. The Superintendent expressed pride in a program the facility is currently piloting. Known as the Revocation and Stabilization Program, admission to the program is limited to DJJ committed youth who experience a concluded revocation of their community placement status. The primary objective of the program is to provide a secure and safe environment where residents can evaluate past mistakes and modify problematic thinking and behavior, as a result of the identified findings from the Administrative Revocation process.

A resident typically stays an average of 7 days at the facility. Residents at Breathitt Regional JDC are allowed access to phones to attorneys and family members, are allowed at least one hour a day for exercise, have access to books, bathroom and shower facilities. The facility currently employs 48 full time DJJ staff and contracts with the Breathitt County School System to provide four teachers for the educational program. There are no vocational staff due to the short average length of stay. Security staff are referred to as Youth Workers or Youth Worker Supervisors. The nursing staff are State of Kentucky employees, but there are no SANE or SAFE staff employed at the facility; however, those services would be provided at the Kentucky River Medical Center in Jackson, Kentucky. If youth were in need of such services, staff would contact The Rising Center in Hazard, Kentucky. A counselor from that program would meet the youth at the hospital and accompany them through the process, if the resident preferred.

Breathitt Regional JDC was first accredited by the American Correctional Association in 2001 and successfully achieved its latest re-accreditation March 2013. They were also initially accredited with the National Commission of Correctional Health Care in 2006 and re-accredited in 2013 before the Kentucky DJJ discontinued accreditation with that agency the same year. The on-site PREA audit was conducted by Walter J. Krauss, Psy.D. DOJ Certified PREA Auditor, and the review of policies, procedures and most documentation as well as the written report completed by Peter Plant, DOJ Certified PREA Auditor in collaboration with W. J. Krauss. During the Pre-Audit phase the auditors reviewed a variety of documents provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. Dr. Krauss contacted Ms. LaShana Harris, prior to the site visits to discuss the agenda for each facility and to provide information on how best to facilitate the on-site auditing process.

The on-site audit was conducted on May 11, 2015 and May 12, 2015. An entrance meeting was held with the facility leadership, including Gary Drake, Juvenile Facility Superintendent II; Jeff Voyles, Juvenile Facility Superintendent I, and John Sparks, Social Services Clinician I/ PREA Compliance Manager, and Auditor W.J. Krauss. Staff had previously received an agenda of the proceedings for the two day visit and the overall auditing process. Schedules with lists of staff, a facility organizational chart, and a list of the current residents was provided.

Subsequent to the introductory meeting, a comprehensive tour of the facility was led by committee, including all of the aforementioned staff who participated in the entrance meeting. All areas were viewed, including each of the four housing units, control room, classrooms, visiting area, dining hall and kitchen, gymnasium, outdoor recreation yard, greenhouse, staff offices, intake processing area, medical unit, isolation rooms, and laundry room. There are 77 cameras with surveillance monitors in the control room that records surveillance up to 30 days using a DVR system. Both Superintendents have access to computers in their respective offices that permit monitoring of staff as well, although there is no remote access. None of the cameras provide surveillance in shower and toilet areas or areas where youth change clothing, with the exception of the two isolation rooms and intake holding rooms. Despite excellent camera coverage, multiple blind spots were identified during the tour with details provided in the section below; however, the facility was aware of those areas and had already proactively made efforts to order. PREA-related informational posters in English and Spanish and the PREA audit notice were observed posted throughout the facility.

On-site interviews included the Juvenile Facility Superintendent II, Treatment Coordinator/PREA Compliance Manager, Human Resources Staff, medical staff, intake and screening staff, Juvenile Facility Superintendent I (upper level staff responsible for conducting unannounced rounds and also responsible for monitoring for retaliation). Additionally, nine Youth Workers / Youth Worker Supervisors (security staff) from all three shifts and another contracted staff member were randomly selected and interviewed. Ten juvenile residents were randomly selected and interviewed as well. On May 13, 2015, the day after the on-site visit, interviews were conducted via telephone with the Agency Head (Commissioner Hayter) and Statewide PREA Coordinator (LaShana Harris).

Youth receive information on PREA and their rights during the intake process and again when their risk assessment is completed. Whether residents are new admissions or transfers, they are all provided the same PREA education and staff sit down with youth and review the materials provided so that they understand it. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

On the day of the audit there were 12 residents housed at the facility with the average length of stay between 6-8 months. With only twelve residents, the 1:8 staffing ratio was far exceeded although the Superintendent indicated that if they were at full capacity, they would not meet that requirement. Currently, Kentucky DJJ requires a 10:1 ratio. One youth had reported previous sexual abuse while in the community, and it was clear that it had not occurred at Lake Cumberland YDC or at a prior confinement facility. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, or questioning, and no staff identified youth as gender nonconforming during the intake process. Although there are typically two female Youth Workers on duty per shift, the facility requires that at least one female Youth Worker is on duty each shift, and it was reported that they have not deviated from that requirement in the past year. There were no youth identified as hearing or visually impaired or who had limited English proficiency; however, there was one youth that was interviewed that was considered have significant mental health concerns. There were no PREA related allegations reported or documented.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Breathitt Regional Juvenile Detention Center is located at 2725 HWY 30W in Jackson, Kentucky. The facility is situated in a serene and inviting rural setting. The one floor building is accessed through locked doors that lead to the main lobby and sign-in area. To the right are administrative offices, a staff bathroom, and a conference room/break area. To the left of the reception area desk, are two doors that lead to the main section of the facility, opened by staff from the control room. The control room is equipped with monitors for the 77 camera surveillance system. There is a kitchen and separate dining area, visiting park, four housing units, staff offices, a medical suite, an Intake Processing area with two holding rooms, two isolation cells, gymnasium, outdoor recreation area, greenhouse, laundry room, and two intake holding cells.

New admissions are processed in the intake processing area by medical staff and the vulnerability assessments are conducted in the Youth Counselor offices, located elsewhere in the facility, allowing for privacy. The two holding rooms are designed to be suicide resistant and have a toilet in each room with cameras positioned such that youth may use the toilet without being viewed by the cameras. Within the intake area are two storage supply rooms without doors that present blind spots. Superintendent Drake informed the auditor that cameras have been requested to address those two areas.

Each of the four units has two single bathroom and shower areas with doors that allow for privacy. Staff do not accompany the residents into those areas and there were no cameras noted. There is a toilet in each individual room as well. Superintendent Drake explained that all bunk beds in the facility had recently been removed in response to PREA concerns. There are two cameras on each unit allowing for adequate surveillance and there were no cameras observed within the rooms. According to both the staff and resident interviews, female staff announce their presence when entering a unit. Counselor offices do not have cameras within them, which would be recommended where ever youth are permitted to meet with staff.

On the day of the audit, there were two female residents within the facility. These two female residents were housed on Unit 200 as were three male residents. As explained by Superintendent Drake, when the males and females are combined, the unit operates as if they are two separate units. Males housed on one side of the unit, females the other despite no formal barrier to separate them. There's a female Youth Worker for the females and a male Youth Worker for the males. When they are using the common area, they use opposite sides of the room and are not permitted to mix or enter the other side of the room. As indicated above, showers and toilets are single occupancy and have a door for privacy.

In the main hallway is a janitor's closet that does not have camera coverage, but facility practice is that staff must wait outside in camera view when youth, only one at a time, go inside. Outside in the back of the facility is a greenhouse area that residents use to grow plants for sale. At least two staff must accompany them any time they enter the area because there is a blind spot and there is no camera coverage in the area. Superintendent Drake reported that a camera has been requested to address this concern.

There are two isolation rooms separate from any of the housing units with cameras that allow for surveillance. As with the holding cells, the Superintendent indicated that the cameras are positioned such that juveniles may use the toilet without being viewed by the camera and, thus, cross gender staff. Each of the rooms is designed to be suicide resistant and has a toilet/sink combination stainless steel unit within. Between the two rooms is a large area that is a shower area that staff report is never used. That area presents a blind spot that would be addressed by an additional camera. Again, Superintendent Drake indicated that a camera has already been requested to address that concern as well.

There are four classrooms each with two cameras, a gymnasium with one camera, and an outdoor recreation yard with three cameras that allows for excellent surveillance. In addition, two staff accompany youth outside at all times. The visitation area has one camera and the dining room has three. The residents from the Revocation Program may work in the kitchen and there is a potential blind spot in the food storage area that facility administration was previously aware of and for which an additional camera has been requested. There is a laundry room, but staff do the laundry, not the residents. There is a blind spot behind the washer machine for which Superintendent Drake indicated an additional camera has been requested as well.

An Audit notice was posted throughout the facility. The main entrance of the facility had professionally made PREA posters both English and Spanish as did each of the housing units. In collaboration with the auditor, visitors and volunteers will now receive a handout with PREA-related information and will sign in verifying that they have been informed that the facility has a zero tolerance policy for sexual abuse and sexual harassment and provided with information on how to report such allegations. In addition, separate signs containing both the hotline number to the Internal Investigations Branch (IIB) and The Rising Center rape crisis service address and phone number are prominently posted on each unit as well. The Auditor contacted the IIB hotline on May 16th, but was only able to leave a message. This auditor expressed concern to the PREA Coordinator that a hotline by definition has a person answering any such calls, but she explained that after hours or on weekends, an on-call staff member is immediately informed via a beeper type service and they are notified immediately to review and potentially address the concern immediately.

Number of standards exceeded: 5

Number of standards met: 28

Number of standards not met: 0

Number of standards not applicable: 8

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated a Corporate Director as the Statewide PREA Coordinator as well as a facility-based PREA Compliance Manager. The PREA Coordinator is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Social Services Clinician I serves as the PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility’s compliance with the PREA standards.

In collaboration with this auditor, both the PREA Coordinator and PREA Compliance Manager were clearly identified on the agency organizational chart and facility-based organizational charts, respectively.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is N/A.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The policy meets all the elements of the standard. The staffing plan has been completed and meets all elements of the standard. Unannounced Rounds are completed by both Superintendent II and Superintendent I and are documented in the "Control Room Log" or "Master Log". All staff and youth interviews and documentation confirmed the practice. Per policy, staff are not to alert anyone of unannounced rounds.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy states that staff will be trained in cross gender pat down searches. All staff at the time of the audit had been trained in cross gender searches. Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.

All toilets and showers on the units are individual rooms with doors for privacy. Staff members are posted in each dorm areas when showers and/or bathrooms are in use. When the youth need to use the bathroom during daily schedule activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in the bathroom/shower areas of youth. None of the cameras field of view includes youth toilet/showers area.

The facility has established the consistent practice of opposite gender staff announcing their presence when entering a housing unit. All staff and youth interviews confirmed the practice.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy prohibits the use of resident translators, resident readers, or other types of resident assistance. Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services. The facility uses an interpretative phone service to help when the issue of non-English proficiency arises. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

During the audit there was one youth identified as having significant mental health issues. When interviewed, the youth confirmed that the Youth Counselors met with him, discussed the PREA education materials in terms he could understand, and afterward did not need or request any additional information.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency conducts extensive background and reference checks with multiple entities, including the National Crime Information Center (NCIC) and Child Abuse and Neglect (CAN) registry. If during a background or registry check, any kind of record is found, the case is reviewed and ultimately signed off by the Commissioner before the hiring process proceeds or the employee is permitted to continue employment. There is a new policy and system to conduct background checks every 5 years has been established. The policy addresses all of the elements of this standard and all ten random personnel files reviewed met the standard criteria.

Staff authorize the checks, which in turn get sent to Central Office for processing with a copy staying in their personnel file at the facility. An email is later sent indicating whether there was a 'Record Found' or 'No Record'. The auditor contacted Central Office staff to review the five staff background checks selected to verify they had actually been cleared and when. All five staff reviewed had NCIC background and Child Abuse and Neglect (CAN) registry checks completed. All five cleared the NCIC and CAN registry checks with 'No Record'.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has not upgraded any facility buildings or facility technology in the last year. This is N/A.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Breathitt Regional Juvenile Detention Center does not conduct administrative or criminal investigations. The former are conducted by the Internal Investigation Branch (IIB), and the latter are conducted by the Kentucky State Police.

Forensic medical exams, when needed, would be conducted at the Kentucky River Medical Center, located in Jackson, Kentucky, at no cost to the resident or their family. If youth were in need of rape crisis support, staff would contact The Rising Center in Hazard, Kentucky. The facility has an MOU with the Kentucky Association of Sexual Assault Program’s (KASAP), of which The Rising Center is associated. A counselor from that program would meet the youth at the hospital and accompany them through the process, if the resident preferred.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard.

These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy ensures that an administrative/criminal investigation is completed, as required. Policy and Kentucky state law requires that all allegations be reported to IIB for investigation. Allegations that are criminal in nature are reported to the Kentucky State Police. There were no PREA related allegations of sexual abuse in the past 12 months.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All current staff have completed both facility and Kentucky State PREA Training which includes all of the required topics. This training is specific to youth who are referred for treatment at this facility. Refresher training is provided every year. Staff also review and sign the Kentucky State Acknowledgement and Notification PREA form. Staff interviews confirmed the practice.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The policy meets the requirements of this standard. The facility does utilize volunteers and contractors, and they have completed the same PREA training that staff are required to complete. Documentation was reviewed and practice confirmed through staff and contractor interviews.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Initial resident education is provided during the intake admission process upon arrival. Residents are provided the PREA pamphlet in both English and Spanish. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.

Posters displaying the phone numbers for the IIB's PREA Hotline are visible to youth and staff in the hallways and main lobby area. Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is N/A. The facility does not conduct administrative or criminal investigations.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Medical and Mental Health staff typically receive specialized Medical and Mental Health professionals training provided through the State of Kentucky; however, the two medical staff did not attend those trainings. In collaboration with this auditor, the medical staff were shown how to access the National Institute of Corrections specialized training link through the PREA Resource Center. Prior to this auditor's completion of the on-site audit, both had completed the on-line training. The facility does not conduct forensic medical exams. As full-time staff, they also receive the same PREA training as other staff. Documentation verified the completion of the initial training.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility utilizes the State of Kentucky screening instrument and assessment, checklist and protocol for behavior and risk for victimization. The instrument meets all PREA requirements in this regard. This screening is conducted for all youth who enter the facility within 72 hours, and most commonly, within 24 hours. The screening consists of both youth interview questions and staff review of collateral information. Youth are assessed quarterly, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is re-conducted. Facility policy strictly controls the dissemination of information gathered from the screening on a "need to know" basis.

The three options with their Vulnerability Assessment Tool is Vulnerable Victimization, Sexually Aggressive, and Violent Aggressive. Three juveniles were identified as being at risk for Vulnerable Victimization. The PREA Compliance Manager indicated all residents are now housed in single cells, but when identified as a risk for victimization additional measures include heightened staff awareness, placing them on "No Contact" with staff or other residents, or could move that resident within the facility or the system, with the ultimate goal of keeping the residents safe and secure. In addition, one resident was identified as Sexually Aggressive and two others as Violent Aggressive on the assessment tool. Each category has similar response options.

The assessment tool is currently in the process of being validated by the University of Kentucky. This auditor spoke with the PREA Coordinator to express concern that the item related to a resident's identification as gay, lesbian, bisexual, transgender, or intersex and staff perception of the youth as gender non-conforming did not receive a value in the assessment score, but she indicated that is being accounted for by the University of Kentucky's process.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The current housing, educational, and work assignment classification system is based on the screening, assessment, and collateral information gathered during the intake process to ensure each youth’s safety and security.

The facility has four housing units with the facility capacity of housing 47 youth. In response to PREA safety concerns, the Superintendent indicated the bunk beds in the facility were recently changed to single rooms. Therefore, there are now only single rooms in the facility. Education and treatment services are provided on site.

There were no residents who had identified themselves as lesbian, gay, bisexual, transgender, questioning, or intersex during the audit. Facility policy prohibits housing and related assignments based solely on sexual orientation or identification nor are they isolated. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. All youth identified the reporting numbers for state agencies listed on the posters in the hallway, as being one means of reporting. Information for the sexual assault crisis services hotline (The Rising Center) was also posted throughout the facility in English and Spanish in collaboration with the auditor. They also stated that they can confide in their lawyer, their Juvenile Service Worker, tell a family member, or tell a staff member. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the PREA hotline and/or IIB number.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Although there is a facility grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity. This standard is N/A.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility currently has an MOU with the KASAP agency, specifically The Rising Center in Hazard, Kentucky to provide victim advocate and supportive services to youth upon request. Posters containing both the IIB’s PREA Hotline and sexual assault crisis hotline numbers and addresses are prominently posted in the hallways and lobby area in English and Spanish in collaboration with this auditor. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored. Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are encouraged to make phone calls to family members.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility uses the IIB and rape crisis support hotlines for this purpose. In collaboration with this auditor, staff modified an informational handout to give to visitors, parents, and/or guardians to inform them how to report allegations, including the IIB hotline number to file a report.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All staff are mandated child abuse reporters and receive appropriate training. Facility policy requires all staff to also report any retaliation against youth or staff that made a report.

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an “as needed” basis in order to make treatment and related decisions.

Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, confident in their roles as first responders, notifying their supervisor, and completing all necessary documentation, i.e. incident reports. It was clear that all staff were aware that their primary responsibility is the safety of youth in the facility.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)

Does Not Meet Standard (requires corrective action)

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

While there has not been an allegation of sexual abuse at a prior facility in the previous 12 months, facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Kentucky law requires mandated reporters to report such an allegation to IIB. An interview with the Juvenile Facility Superintendent II and the PREA Compliance Manager confirmed their awareness of the policy.

Standard 115.364 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and articulated with confidence the steps they are to take when responding to an incident of sexual abuse.

Standard 115.365 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)

Does Not Meet Standard (requires corrective action)

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

The facility has a detailed coordinated response plan that also includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various actors.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated.

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.

Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate with confidence the requirements of the policy.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

This is N/A. The facility does not utilize any form of segregated housing. Per the Juvenile Facility Superintendent II, It would “absolutely be the last resort” to place a resident in an isolation room and stated, “If it was ever used, it would just be where he slept and would not be separated during daily activities.”

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is N/A. The facility would only gather information upon the request of those agencies that would conduct any administrative or criminal investigations.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is N/A. The facility would only gather information upon the request of those agencies that would conduct any administrative or criminal investigations.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy requires the Superintendent or designee to inform the resident, who made the allegation, in writing of the outcome, as required by the standard, unless the allegation is unfounded.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Agency policy states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is presumed to be termination in that such criminal charges usually result in incarceration. In any event, the policy states that the type of disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations.

Agency policy requires all allegations of sexual abuse to be reported to the Kentucky State Police, regardless of whether the staff resigns or is terminated. This was confirmed in the interview with the Superintendent.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Agency policy clearly states that any volunteer or intern who engages in the sexual abuse or sexual harassment of an individual in the custody of the State of Kentucky will be terminated. Furthermore, any contractor who engages in similar behavior will be subject to contract cancellation. The statewide PREA Coordinator stated during her interview that all substantiated findings would be reported to applicable licensing authorities.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Whenever the IIB substantiates an allegation of sexual abuse against a youth, that youth becomes classified as a sex offender and is legally charged accordingly. Thus, there would be no disciplinary sanctions imposed by the facility.

The State PREA Coordinator also clarified that the facility does not make any determination, regarding whether a particular activity constitutes sexual abuse. This determination is made by the IIB investigator, court system, and/or Law Enforcement.

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

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Breathitt Regional Juvenile Detention Center’s policy complies with all elements of this standard. There were no residents who reported prior sexual victimization upon intake.

Interviews with medical staff confirmed that services would be provided, if requested by a youth. Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis. Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Facility policy requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it. Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis. Medical staff reported that this would also be provided at the hospital.

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

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Although there were no resident victims of sexual abuse in this facility during the prior 12 months, facility policy requires any resident victim be provided with ongoing medical and mental health services that are needed and at no cost to the victim or family.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

In the event that such a review becomes necessary facility procedures for conducting the review meet the requirements of the standard. The team would be comprised of Superintendents I and II, the PREA Compliance Manager who is also the Social Services Clinician, medical staff, and other relevant staff.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has conducted the 2014 review and is posted on the State of Kentucky Department of Juvenile Justice website. This auditor was also provided with the reviews from 2011, 2012, and 2013.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

The agency meets the requirements of this standard. DJJ has a public website that features all federal PREA reports, PREA brochures, and information regarding PREA.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Walter J. Krauss, Psy.D., USDOJ-Certified PREA Auditor

6-9-15

Auditor Signature

Date