

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 06/14/16

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: May 16-17, 2016			
Facility Information			
Facility name: Burnside Group Home			
Facility physical address: 200 Doodletown Road, Burnside, KY 42519			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (606) 561-5192			
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 checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Brandon J. Wallen			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 8			
Current population of facility: 5			
Facility security levels/inmate custody levels: Level II			
Age range of the population: 13-18			
Name of PREA Compliance Manager: Junior Worley		Title: Youth Worker II/Facility PREA Coordinator	
Email address: junior.worley@ky.gov		Telephone number: (606) 561-5192	
Agency Information			
Name of agency: Department of Juvenile Justice			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 1025 Capital Center Drive 3 rd Floor, Frankfort, KY 40601			
Mailing address: <i>(if different from above)</i>			
Telephone number: (502) 573-2044			
Agency Chief Executive Officer			
Name: LaDonna L. Koebel		Title: Acting Commissioner	
Email address: LaDonnaL.Koebel@ky.gov		Telephone number: (502) 573-2044	
Agency-Wide PREA Coordinator			
Name: LaShana Harris		Title: Assistant Director of Administrative and Program Services	
Email address: LaShanaM.Harris@ky.gov		Telephone number: (502) 573-2044	

AUDIT FINDINGS

NARRATIVE

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. 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. There were five (5) residents at the group home at the time of the review.

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 Worker I; Youth Worker III; (7) Youth Worker II; (2) Youth Worker I and Administrative Specialist II at the group home. BGH has a contracted Registered Nurse from Rockcastle Regional Hospital's Medical Staffing Network 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. Recently, the group home will be provided with mental health services from a KYDJJ Regional Program Administrator. 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 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. Additionally, residents participate in various vocational, independent living and recreational activities, including wood work, 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.

DESCRIPTION OF FACILITY CHARACTERISTICS

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.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by April 4, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Kentucky Department of Juvenile Justice (KYDJJ) Assistant Director of Administrative and Program Services/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the group home including the intake, visitation, and dorm area. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by April 18, 2016. The documents, which were uploaded to a USB flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager and providing a list of noted concerns, the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager sent the documentation prior to arrival to the facility. Also several documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on May 16-17, 2016. An entrance briefing was conducted with the Juvenile Superintendent I and KYDJJ SE Facility Regional Administrator. During the briefing, it was explained the audit process and a tentative schedule for the 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 room, den area, kitchen area, dorm area, orientation area, administrative offices, recreation/multi-purpose area, laundry and storage areas, and garage. Additionally, the exterior of the group home is landscaped, has a garden area for horticulture projects, an area for cutting wood, storage buildings, and sitting areas. Upon return from school to the group home residents were observed to be under constant supervision of the staff while involved in activities and preparation for dinner. It was obvious the staff and residents take pride in cleaning and maintaining the group home and the exterior areas. Notification of the PREA audit was posted in all locations throughout the group home as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the group home. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the dorm area did allow for privacy.

During the two (2) day on-site visit, there were a total of five (5) residents in the group home. All five (5) residents were interviewed on the first day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of the KYDJJ obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Fourteen (14) staff including those from all three (3) shifts, supervisory staff, volunteer staff (chaplain), Juvenile Superintendent I, Administrative Specialist II, IIB Internal Investigator, KYDJJ Contract Facilitator, medical and mental health staff were interviewed during the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Juvenile Superintendent I, Administrative Specialist II, KYDJJ SE Facility Regional Administrator and KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager (via phone). At the exit debriefing, it was discussed additional documentation was required for three (3) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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 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 initial review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] effective 4/04/15, outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. 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.

KYDJJ has a designated juvenile PREA Compliance Manager who works statewide to implement the PREA Standards and who indicated she has sufficient time and authority to develop, implement and oversee compliance efforts of thirty-one (31) residential facilities. The Youth Worker II is designated as their facility PREA Coordinator who at the time of the on-site visit was not available, however an interview with the Juvenile Superintendent I indicated that his facility PREA Coordinator has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of KYDJJ Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements. Additionally, the Juvenile Superintendent I created a BGH PREA/Sexual Abuse/Offense Binder for his staff that contains contact information, policy and procedure, incident and debrief process, and other required group home protocols.

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.

A review of the documentation revealed Kentucky Department of Juvenile Justice (KYDJJ) has entered into/renewed contracts with eighteen (18) varied private or other government agencies to provide confinement of residents. Of these contracts, there is only one (1) contract that is eligible for KYDJJ to monitor compliance with the PREA standards.

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 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 initial review of the KYDJJ Policy Chapter 910 Subject (Facility Security Management) effective 4/04/15; Chapter (Program Services) Policy #319 Subject (Staff Requirements for the Supervision of Youth) & Policy #319.1 Subject (Facility Capacities) effective 7/01/15, required 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, and federal standards. In addition, BGH has Standing Operating Procedures (#319, #319.1, #910 & #911) to comply with the requirements at the facility level. The group home complies with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts on a weekly basis. The group home’s staffing plan was developed, implemented and in compliance with the standards. During the initial documentation review, the group home did not report deviations from the staffing plan during the past 12 months, however, the group home staff to resident ratios varied due to the fluxuation of the resident population during the awake and sleep hours in the dorm area. In the past year, the staff to resident population varied and the practice in many instances exceeded the requirements of the standard. Minimum staff ratios are always maintained, the group home has a mechanism in place for call outs and staff volunteer to stay over if needed. Unannounced rounds are conducted weekly on every shift and documented on the shift log that contains observations of all areas of the group home. Both the Juvenile Superintendent I and Youth Services Program Supervisor (YSPS) conducts and documents unannounced rounds on all shifts and in all areas of the group home to monitor and deter staff sexual abuse and harassment. Staff interviews confirmed the process takes place in the group home.

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.

The initial review of the KYDJJ Policy Chapter 910 Subject (Facility Security Management) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; General Directive #12-01; Chapter (Program Services) Policy #321 Subject (Incident Reporting) & Policy #325 Subject (Searches) effective 7/01/15, required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm/housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status. In addition, BGH has Standing Operating Procedures (#321, #325, & #912) to comply with the requirements at the facility level. There were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated that female staff entering the dorm area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. A review of the training documentation including a “Cross Gender Visual Searches” power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

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 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 initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 10/14/13; Chapter (Admissions) Policy #208 Subject (Youth Rights) effective 7/01/15; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 7/01/15; and Chapter (Health and Safety Services) Policy #404.1 (Admission Screening for Physical and Mental Challenges) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident’s safety. In addition, BGH has Standing Operating Procedures (#208, #301, #404.1, #907 & #911) to comply with the requirements at the facility level. There are postings throughout the group home in English and Spanish and staff have access to Language Services Associates and Telephone Interpretation Services. Each KYDJJ facility is required to complete a “Interpreter Services Monthly Log Sheet” and return this information to the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager on a monthly basis. Residents attend school at the Pulaski County/Somerset Day Treatment Center. The school staff at the Center will provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff training documentation, pamphlet and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Also the resident handbook is available in Spanish. Most staff and resident interviews confirmed the group home does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

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 initial review of the KYDJJ Policy Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Kentucky’s Open Records Act (KRS) 61.872 & 878; Chapter (Administration) Policy #102 Subject (Code of Ethics); Policy #106.3 Subject (Background Checks) & Policy #134 Subject (Records Request) effective 12/01/14, contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. In addition, BGH has Standing Operating Procedures (#102, #106.3, #134, #902 & #906) to comply with the requirements at the facility level. The initial background checks 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, child abuse registry checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse 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 omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks

and the questions regarding past misconduct (PREA Requirements for DJJ Staff form) were asked and responded to during the hiring process. Additionally, the Administrative Specialist II advised the Diana Screening process will be implemented on future new hires.

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 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.

BGH has not been newly designed or had a substantial expansion or modification since August 20, 2012. The initial documentation review did not contain any information, however during the on-site visit there was a discussion on the group home being upgraded with cameras and video surveillance system in 2015 to address any blind spots. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the group home. Since the initial review and on-site visit, the documentation was received prior to the submission of this report.

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)

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The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; General Directive #10-02; Chapter (Program Services) Policy #300.1 Subject (Program and Services); Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services); Policy #404.8 Subject (Hospital Care); Policy #408.1 Subject (Forensic Information) and BGH has Standing Operating Procedures (#300.1, #402, #404.6, #404.8, #408.1 & #908), contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some 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. There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. Adanta Sexual Assault Resource Center (ASARC) is the program identified to provide the victim advocacy services for the residents at the group home. Lake Cumberland Regional Hospital provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Lake Cumberland Regional Hospital is SANE certified. The group home has identified mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and BGH has Standing Operating Procedures (#906 & #908), requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are 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 are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigation and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment. The PREA policy can be found at the Kentucky state's website. Additionally, the parent/guardian is provided with a pamphlet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. The group home has reported no allegations of sexual abuse and sexual harassment resulting in a criminal investigations. All staff interviews reflected and confirmed their knowledge on the reporting and 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, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the group home is in full compliance with this standard.

Standard 115.331 Employee training

- 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 initial review of the KYDJJ Policy Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 10/14/13; Chapter (Professional Development) Policy #502 Subject (Pre-Service Training); Policy #505 Subject (Training Requirements, Special Staff Groups and Specialized Task Training); Policy #506 Subject (Training Academy Operations) and BGH has Standing Operating Procedures (#502, #505, #506 & #911), requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. Additionally, staff are trained on additional policies and procedures (Chapter 208, 901, 906, 907 & 908) and several Kentucky statutes besides other training materials. All the PREA training provided to employees contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facility's male and female resident populations. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign acknowledgement forms for both DJJ Phase 1 & 2 upon completion of the initial PREA training. A review of all acknowledgment forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment.

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 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 initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance) and Chapter 903 Subject (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors) effective 4/04/14; Chapter 911 Subject (DJJ Staff PREA Education and Training) and BGH has Standing Operating Procedures (#901, #903 & #911), requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and the training is documented. All volunteers, interns and contractors receive and sign acknowledgement forms for both DJJ Phase 1 & 2 upon completion of the PREA training they received. Documentation confirmed they are aware of the group home's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. An interview with a chaplain confirmed his knowledge of the PREA training.

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.

The initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) effective 4/04/14; Chapter (Program Services) Policy #301 Subject (Intake and Orientation) effective 7/01/15 and BGH has Standing Operating Procedures (#301 & #907), requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within 10 days upon arrival. However, the assigned group home staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook & brochure is provided to them for future reference. After the review with the resident he is asked to sign various forms (Resident Reception Summary & Youth Acknowledgement) verifying receipt for all information regarding orientation to the group home. All residents are provided Resident PREA Education Packet and KYDJJ “Don’t Be Afraid! Report any Sexual Activity or Abuse” brochure which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Documentation of resident’s signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the group home and identified the receipt of the handbook & brochure. Additionally, they indicated their youth worker staff have continued to provide this education on an ongoing basis.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents) and BGH has Standing Operating Procedures (#906 & #140), requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for criminal investigations and Internal Investigations Branch (IIB) within the Justice & Public Safety Cabinet for administrative investigations. All IIB Investigators under go an extensive training prior to conducting administrative investigations which includes the “Basic Investigation Training” requirement. Documentation and an interview with IIB Internal Investigations Manager confirmed the required initial and annual investigation trainings.

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.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training); Chapter (Health and Safety Services) Policy #404.3 Subject (Health Assessment and Physical Examination); Policy #408.1 Subject (Forensic Information) and BGH has Standing Operating Procedures (#906, #908, #911, #404.3 & #408.1), requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. Documentation and interviews with the medical and mental health staff received specialized training through obtaining the four (4) modules (Specialized Training: PREA Medical and Mental Care Standards curriculum) from the PREA Resource Center. None of the medical staff conduct forensic examinations.

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 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 initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #132 Subject (Privacy of Health Information); Policy #149 Subject (Information Systems); Policy #328 Subject (Individual Client Records); Chapter (Detention Services) Policy #705 Subject (Individual Client Records) and BGH has Standing Operating Procedures (#905, #102, #132, #149 & #328), requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the 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. Residents are reassessed at a minimum quarterly and throughout their stay at the group home. The group home's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the group home within the past year, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments.

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 initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) and BGH has Standing Operating Procedures (#905, #908, #912, #318 & #323), precludes gay, bi-sexual, transgender and intersex residents being placed in a particular dorm area, beds 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 and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The assigned group home staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are four (4) bedrooms located on the first floor in the group home with two (2) residents in each room. There is no isolation room in the group home. However, BGH has the capabilities to separate a resident for a short period of time and if beyond 24 hours will need approval. The resident will be placed on a special management plan and reviewed within 72 hours by the treatment team.

Standard 115.351 Resident 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 907 Subject (Resident PREA Education) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); 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); Policy #143 Subject (DJJ Internal Affairs); Chapter (Program Services) Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation); Policy #321 (Incident Reporting) and BGH has Standing Operating Procedures (#906, #907, #912, #140, #208, #310 & #321), provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, grievance process, and third party. While touring the entire group home, it was observed in the den and living room areas, recreation/multi-purpose area postings of the PREA information, victim advocate services information, and brochures. Reporting procedures are provided to residents through the resident handbook and brochure. All staff and resident interviews along with the supporting documentation verified compliance with this standard.

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.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Policy #143 Subject (DJJ Internal Affairs) and BGH has Standing Operating Procedures (#906 & #140), 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 the den area at 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 Superintendent I will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #121 Subject (Youth Access to Courts, Attorneys and Law Enforcement Officials); Policy #132 Subject (Privacy of Health Information); Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #310 Subject (Family and Community Contacts: Mail, Telephone and Visitation); Chapter (Detention Services) Policy #720 Subject (Programs and Services); Policy #720.6 Subject (Family and Community Contact) and BGH has Standing Operating Procedures (#906, #908, #121, #132, #208, #300.1 & #310), ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of KYDJJ obtaining Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. Adanta Sexual Assault Resource Center (ASARC) is the program identified to provide the victim advocacy services for the residents at the group home. Lake Cumberland Regional Hospital provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Lake Cumberland Regional Hospital is SANE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The 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 resident handbook contained information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services.

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.

An initial review of documentation identifies KYDJJ third party reporting process and instruct staff to accept third party reports. KYDJJ & IIB website 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 PREA parent packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the group home including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

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.

The initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter 911 Subject (DJJ Staff PREA Education and Training); Chapter (Administration) Policy #100.1 Subject (Promulgation and Revision of Department Policy); Policy #102 Subject (Employee Code of Ethics); Policy #104 Subject (Code of Conduct); Policy #140 Subject (Reporting of Special Incidents); Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Administration) Policy #328 Subject (Individual Client Records) and BGH has Standing Operating Procedures (#906, #908, #911, #100.1, #102, #104, #140, #208, & #328), identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through group home protocol and/or training.

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.

The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and BGH has Standing Operating Procedures (#908), requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Juvenile Superintendent I and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this group home and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #140 Subject (Reporting of Special Incidents) and BGH has Standing Operating Procedures (#906, #908, #102 & #140), requires the PREA Audit Report

Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with KYDJJ policies and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident to IIB for investigation and complete an incident report. The Juvenile Superintendent I had not received any allegations that a resident was abused while confined at another facility during the past 12 months.

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.

The initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and BGH has Standing Operating Procedures (#908), requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegation of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with KYDJJ/BGH policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

Standard 115.365 Coordinated response

- 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 initial review of the KYDJJ Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15 and BGH has Standing Operating Procedures (#908), provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration and contacting medical and mental health outside sources. BGH Sexual Abuse/Contact/Offenses Procedures provides the staff with clear actions to be taken by each discipline for accessing, IIB, administration, law enforcement, rape crisis center, victim advocate services, parent/guardian and a number of other individuals. Interviews with the Juvenile Superintendent I and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

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.

Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Chapter (Admissions) Policy #208 Subject (Youth Rights) and BGH has Standing Operating Procedures (#906, #908, #140 & #208), requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. KYDJJ/BGH policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Juvenile Superintendent I is responsible 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. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

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.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/15; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) and BGH has Standing Operating Procedures (#905, #908, #912, #318 & #323), 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. The group home restricts any isolation placement. However, BGH has the capabilities to separate a resident for a short period of time and if beyond 24 hours will need approval. There have been no residents who have alleged sexual abuse in the past 12 months.

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 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 initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #133 Subject (Ombudsman); Policy #140 Subject (Reporting of Special Incidents); Policy #142 Subject (Staff Involved in Special Incident Allegations); 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); IIB-013 (PREA Investigations) and BGH has Standing Operating Procedures (#901, #906, #908, #102, #133, #140, #142 & #408.1), require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Kentucky State Police for investigation and determination of criminal charges. There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this group home in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the group home, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

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.

The initial review of the IIB-001 (DJJ Case Assignment & Investigations) contains all the elements of the standard and the Internal Investigations Branch 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. An interview with the Juvenile Superintendent I indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to KYDJJ for consultation with legal and Human Resources to determine disciplinary actions.

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 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 initial review of the KYDJJ Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Chapter (Program Services) Policy #321 (Incident Reporting) and BGH has Standing Operating Procedures (#906, #140 & #321), requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. BGH has a “Report of Investigative Outcome to Resident” form to notify the resident. The policies further requires that following a resident’s allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s housing area; the staff member is no longer employed at the facility; BGH learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the group home. With regard to investigations involving resident-on-resident allegations of sexual abuse, IIB notifies KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager who notifies the Facility Superintendent I who will then inform the resident whenever the group home learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the group home. There has been no reported investigation of alleged staff or resident’s inappropriate sexual behavior that occurred in this group home in the past 12 months which was investigated and completed by an outside agency. The Facility Superintendent I validated his technical knowledge of the reporting process during his interview.

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.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/15; Chapter (Administration) Policy #104 Subject (Code of Conduct); Policy #105 Subject (Management Response to Work Guideline Violations); Policy #142 Subject (Staff Involved in Special Incident Allegations) and BGH has Standing Operating Procedures (#901, #902, #906, #104, #105 & #142), requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with KYDJJ policy and procedures. Termination is the presumptive sanction for staff who have 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. There has been no employees terminated in the past 12 months for violation of the group home’s sexual abuse or harassment policies. The Facility Superintendent I interview validated his technical knowledge of the reporting process was consistent with KYDJJ policy and procedures.

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 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 initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct) & Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 4/04/15; Chapter (Administration) Policy #104 Subject (Code of Conduct) and BGH has Standing Operating Procedures (#901, #911 & #104), requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Superintendent I. There have been no volunteers or contractors reported in the past 12 months.

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.

The initial review of the KYDJJ Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #318.1 Subject (Graduated Responses, Sanctions, and Incentives); Policy #318.2 Subject (Disciplinary Review); Policy #318.3 Subject (Discipline: Level 5 Youth Development Center); Policy #323 Subject (Isolation) and BGH has Standing Operating Procedures (#901, #906, #907, #908, #208, #318.1, #318.2, #318.3 & #323), found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. The BGH staff provides each resident with a resident 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 underlying reasons for their conduct. There were no findings of guilt for resident-on-resident sexual abuse that have occurred at the group home in the past 12 months. The Facility Superintendent I indicated that residents may also be referred for prosecution if the allegations were criminal.

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 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 initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter (Administration) Policy #132 Subject (Privacy of Health Information); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Chapter (Health and Safety Services) Policy #403 Subject (Medical Records); Policy #404.1 Subject (Admission Screening for Physical and Mental Challenges); Policy #404.3 Subject (Health Assessment and Physical Examination) and BGH has Standing Operating Procedures (#905, #132, #300.1, #403, #404.1, & #404.3), require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who 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. There were no residents who disclosed prior victimization during their initial screening process.

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.

The initial review of the KYDJJ Policy Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #307 Subject (Counseling Services); Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services) and BGH has Standing Operating Procedures (#907, #908, #208, #300.1, #307, #402, & #404.6), requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Adanta Sexual Assault Resource Center (ASARC) is the program identified to provide the victim advocacy services for the residents at the group home. Lake Cumberland Regional Hospital provides the emergency and forensic medical examinations.

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.

The initial review of the KYDJJ Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/15; Chapter (Admissions) Policy #208 Subject (Youth Rights); Chapter (Program Services) Policy #300.1 Subject (Programs and Services); Policy #302 Subject (Individual Treatment Plan and Aftercare Plan); Chapter (Health and Safety Services) Policy #400.1 (Health Services); Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #402.1 Subject (Continuity of Care and Medical Discharge); Policy #404.3 Subject (Health Assessment and Physical Examination); Policy #404.6 Subject (Emergency Medical Services); Policy #405 Subject (Mental Health Services Administration and Personnel); Policy #405.1 Subject (Mental Health Assessment/Evaluation); Policy #405.3 Subject (Referral for Mental Health Services); Policy #405.5 Subject (Mental Health Emergencies); Policy #416.1 Subject (Infectious Communicable Disease) and BGH has Standing Operating Procedures (#905, #908, #208, #300.1, #302, #400.1, #402, #402.1, #404.3, #404.6, #405, #405.1, #405.3, #405.5, & #416.1), requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Lake Cumberland Regional Hospital where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

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.

The initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review) and BGH has Standing Operating Procedures (#909), requires a PREA Incident Debrief of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. BGH Sexual Abuse Incident Review Team consists of the Juvenile Superintendent I, Youth Worker II, KYDJJ SE Facility Regional Administrator and KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager, medical and mental health staff and assigned supervisory staff. There has been no investigations of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on the PREA Incident Debrief form that captures all aspects of an incident.

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 initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review) and BGH has Standing Operating Procedures (#909), requires the collection of accurate, uniform data for every allegation of sexual assault. The Juvenile Superintendent I completes the

collected data related to PREA forwards the report to the KYDJJ SE Facility Regional Administrator for approval prior to forwarding to the KYDJJ Assistant Director of Administrative and Program Services/PREA Compliance Manager. KYDJJ has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2011-2014 annual reports revealed it was completed according to this standard.

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 initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review) and BGH has Standing Operating Procedures (#909), requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2011-2014 Annual Reports indicated compliance with the standard and included all of the required elements. The 2011-2014 Annual Reports are posted on the KYDJJ Website for public review. The group home monitors collected data to determine and assess the need for any corrective actions. The 2011-2014 Annual Reports were readily available on the KYDJJ website.

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 initial review of the KYDJJ Policy Chapter 909 Subject (Data Collection and Review); Chapter (Administration) Policy #132 Subject (Privacy of Health Information); Policy #149 Subject (Information Systems) and BGH has Standing Operating Procedures (#909, #132 & #149), requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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.

Dorothy Xanos

June 14, 2016

Auditor Signature

Date