

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES

Date of report: 03/31/17

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: February 14-15, 2017			
Facility Information			
Facility name: Cadet Leadership & Education Program			
Facility physical address: 2665 Highway 30 West Jackson, KY 41339			
Facility mailing address: (if different from above)			
Facility telephone number: (606) 295-2267			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Christopher G. Banks			
Number of staff assigned to the facility in the last 12 months: 42			
Designed facility capacity: 38-40			
Current population of facility: 17			
Facility security levels/inmate custody levels: Staff Secure			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Kendra Chapman		Title: Facility Psychologist/Treatment Director	
Email address: KendraL.Noble@ky.gov		Telephone number: (606) 295-2267	
Agency Information			
Name of agency: Kentucky Department of Juvenile Justice			
Governing authority or parent agency: (if applicable)			
Physical address: 1025 Capital Center Drive 3 rd Floor, Frankfort, KY 40601			
Mailing address: (if different from above)			
Telephone number: (502) 573-2044			
Agency Chief Executive Officer			
Name: Carey Cockerell		Title: Commissioner	
Email address: Carey.Cockerell@ky.gov		Telephone number: (502) 573-2044	
Agency-Wide PREA Coordinator			
Name: LaShana Harris		Title: Assistant Director of Program Services	
Email address: LaShanaM.Harris@ky.gov		Telephone number: (502) 573-2044	

AUDIT FINDINGS

NARRATIVE

Cadet Leadership & Education Program (CLEP) is a forty (40) bed staff secure male residential treatment program governed by the Kentucky Department of Juvenile Justice (KYDJJ). The facility is located adjacent to the Breathitt Regional Juvenile Detention Center operated by the Department. CLEP is an eight (8) month intensive residential program operated under a military based concept for residents who are committed to KYDJJ. This eight (8) month program is comprised of a four (4) month residential component and a four (4) month supervised community placement component. The program has been accepting cadets since November of 1999. The goals of the program consisted of: To promote discipline through physical conditioning and teamwork; To instill values of responsibility and a healthy work ethic; To increase academic achievement; To encourage participants to become productive, law-abiding citizens; To ensure that offenders are held accountable for their actions and To reduce drug and alcohol involvement.

The residential phase of this eight (8) month program employs an educational and therapeutic model emphasizing on individual responsibility in a structured and disciplined environment. Program activities include: educational and vocational exploration, physical fitness, group counseling, individual and family counseling, military drilling, victim empathy, and a supported transition back into the community. In addition to individual, family and group counseling sessions, all cadets participate in a substance abuse education program, as well as a life skills program that teaches independent living skills. Upon successful completion of the residential phase, cadets participate in a formal graduation process and enter the four (4) month community phase. This portion of the program is considered an extended furlough so cadets remain committed to the Department. The cadets may be returned to the residential program for disciplinary or more intensive treatment reasons that reflect a violation of their Aftercare Plan. These residents generally ranging in age from 14-18 years who are determined by qualified CLEP staff after an interview and assessment process, to be intellectually, physically and mentally able to complete the program. There were seventeen (17) male residents at the facility at the time of the review. Cadet Leadership & Education Program is American Correctional Association (ACA) accredited.

The facility is staffed with forty-five (45) full-time and part-time staff. The staff consists of: Juvenile Facility Superintendent II; Juvenile Facility Superintendent I; (2) Youth Services Program Supervisor; Treatment Director/PREA Coordinator; (5) Youth Worker Supervisors; (22) Youth Worker I, II & III; (5) Social Service Clinicians; (2) Social Service Worker I; Fiscal Manager; Administrative Specialist III; Administrative Specialist II; Maintenance Superintendent I; (2) medical staff and Barber.

The medical services consists of a licensed practical nurse and a licensed registered nurse providing nursing services on-site five (5) days a week (7am-6pm), available 24/7, and an on-call physician. The facility has contracts with the local hospital for 24 hour emergency services. A Nurse Practitioner visits the facility at least once a week (Wednesday). Also, the nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services (Mid America Health) is provided off campus and consists of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has a contracted optometrist who provides routine eye exams.

There is evidence of KYDJJ obtaining a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. The Rising Center is the program identified to provide confidential emotional support to residents who are victims of sexual abuse at the facility. KY River Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Additionally, the facility has identified three (3) mental health professionals that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Additionally, there are licensed mental health clinicians providing mental health services at the facility and a contracted psychiatrist provides psychiatric services as needed at the facility.

Educational Services are provided by the Breathitt County School District and the educational staff consisted of: Lead Teacher, two (2) Teachers and Teaching Assistant/Records Clerk. Education is a major focus for the cadets during the residential component. The program is designed for cadets to have the opportunity to learn at the highest level possible. An assessment of the cadet's educational strengths and weaknesses is conducted during the first few days in the facility. The education staff and the cadet develop an individualized education plan that best meets the cadet's needs and identify if the cadet is eligible for achieving his GED. The education plan could include traditional educational coursework, GED studies, vocational education or perhaps college study. Library services are provided to the cadets and encouraged to check out books. The instructional program encourages the cadets to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Cadets receive instruction in life skills, English, mathematics, social studies and science. On-line college classes are provided to cadets who qualify, there is a credit recovery program cadets can complete on-line.

DESCRIPTION OF FACILITY CHARACTERISTICS

Cadet Leadership and Education Program (CLEP) is located in Breathitt County adjacent to the Breathitt Regional Juvenile Detention Center. Modular units were used to construct the facility. The main building has a porch that leads to a secure entrance leading into a lobby and administrative area. The first part of the building contains seven (7) administrative offices, conference room, three (3) classrooms, library, medical area, two (2) guest/staff restrooms and two (2) cadet restrooms. The latter part of the building is the barracks area that contains four (4) counselor offices, observation/central control, medication cart, kitchenette, cafeteria style tables, forty (40) bunk beds color coded by platoon, bathroom/shower area, laundry area, and storage areas. Adjacent to the building was a maintenance garage, greenhouse, obstacle course and basketball court. The program utilizes the kitchen and gymnasium at the Breathitt Regional Juvenile Detention Center. Schedules are maintained so that detention residents and cadets are not using the facility simultaneously. The facility had the hotline, the Rising Center and language line (interpreter) telephone numbers clearly posted by each telephone. Each area of the facility had PREA postings and in the barracks area a grievance box with forms.

The Cadet Leadership and Education Program (CLEP) is for the residents that need a strictly supervised and disciplined environment followed by supervised community placement. This program is designed to build self-esteem, instill positive social values and a respect for authority. In addition, the program provides the juvenile offender the tools he needs to re-enter society and make sound life choices. The profile of the cadet is the committed juvenile offender who is already in another KYDJJ residential program. Residents are identified using the following criteria and go through a formal interview and assessment process performed by qualified CLEP staff. Staff determines if the youth is suitable for the program intellectually, physically, academically, and emotionally. The program will not accept youth that are high risks to the community, staff and other cadets. The Classification Branch in coordination with the Juvenile Facility Superintendent finalizes admission and entrance into this program. Criteria for selection follow these guidelines: a) Youth must be males between the ages of 14 and 18; b) Class B Felony Commitments or lower, no offenders committed on sex offenses, no history of escape from facilities; c) Must be cleared by the Facility Psychologist (Generally, no history of suicide attempts in last two years, and no psychiatric hospitalizations other than for substance abuse treatment); d) Must be cleared medically by a physician to participate in our physical training and work programs; e) 14 and 15 year olds must be carefully reviewed; f) Estimated IQ of 75 or higher and g) Youth accepted outside of these criteria are reviewed individually by the Juvenile Facility Superintendent for acceptance.

There are two (2) phases to the program: residential phase and community (aftercare) phase.

The residential phase: upon arrival each cadet is assigned to a platoon of eight (8) cadets and provided with appropriate uniforms and supplies. The cadets are in an environment that programmatically necessitates reliance and dependence on fellow cadets. One of the main program goals is to improve decision making and to assist others in the platoon in making good decisions. At the onset of the program, the first platoon was formed with additional platoons established every month. Each platoon graduates from the residential component in a formal ceremony. Any cadet who fails to meet graduation criteria may remain with another platoon until the criteria are met. Upon completion of the residential component, cadets enter the aftercare phase. Clear expectations of achievement are reinforced throughout the program. Cadets are promoted through the program based on successful achievement of their individual treatment plans. When cadets complete particular areas of their individual treatment plan they are promoted through a military rank system.

Cadets begin as a Cadet Private. This rank is considered the Awareness Level and lasts a minimum of three (3) weeks. A Cadet Private becomes familiar with rules and expectations, facility drills and ceremonies. Each Cadet Private shares his history in a counselor-led group environment. The platoon members and a Social Service Clinician identify problems and weaknesses that the cadet has demonstrated at critical times during his life. This formal group session forms the basis for the cadet's long term individual treatment plan. After the rank of Cadet Private, the cadet may be promoted to Cadet Private First Class which is considered the Development Level. During this rank, platoon members and staff note all inappropriate behaviors displayed by a Cadet PFC and relate the causal factors to the cadet's history of difficulties. Appropriate behavior is acknowledged through rewards, incentive programs, and positive reinforcement. Positive reinforcement is provided in an individual and group format in both an informal and formal manner, as well as during formal group counseling sessions. This rank lasts a minimum of six (6) weeks. When the Treatment Team feels that the Cadet PFC has a good understanding of his behavior and has displayed a genuine desire to improve, the cadet is promoted to Cadet Corporal which is also considered the Demonstration Level. A Cadet Corporal develops a realistic set of goals and begins taking the steps to achieve them. A Cadet Corporal helps mentor lower rank cadets and is given more responsibility and privileges. The final rank is that of Cadet Sergeant. To earn the rank of Sergeant a cadet must go above and beyond the expectations that have been established by his Treatment Team. A Cadet Sergeant has successfully completed his "Duty Book" and has a detailed relapse prevention plan completed and committed to memory. A Cadet Sergeant is expected to present his relapse prevention plan to the group and his treatment planning team. A pre-release aftercare plan is completed and a meeting is held in the cadet's home with his parents to discuss the implementation of this plan.

During the community (aftercare) phase: the resident is expected to attend school, obtain employment, perform community service or participate in school-to-work programs as well as participate in substance abuse education, life skills, and victim empathy programs. The assigned Social Service Clinician develops the linkages the resident and his family require in order to achieve a successful transition.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by January 3, 2017, 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 Program Services/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the administration area, classroom area, barracks (housing unit), and kitchen/dining area located at another facility. 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 January 17, 2017. 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 Program Services/PREA Compliance Manager and providing a list of noted concerns, the KYDJJ Assistant Director of 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 February 14-15, 2017. An entrance briefing was conducted with the Juvenile Facility Superintendent II, Juvenile Facility Superintendent I, Treatment Director/PREA Coordinator, both Youth Services Program Supervisors, Nurse Shift Program Supervisor, Social Services Clinician I, and Administrative Specialist III. 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 facility was conducted including the administrative area with offices, school and classrooms area, library, barracks (housing unit), outdoor recreation area, greenhouse, maintenance, and kitchen and dining room located at another facility. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility 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 facility. 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 barracks (housing unit) did allow for privacy.

During the two (2) day on-site visit, there were a total of seventeen (17) residents in the facility. Ten (10) residents were randomly selected for the interview process. 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 KYDJJ obtaining a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) to provide the programs/resources in each region of the state. The Rising Center is the program identified to provide the victim advocacy services for the residents at the facility. KY River Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Twenty-two (22) staff including those from all three (3) shifts, supervisory staff, contracted staff (teachers), Juvenile Facility Superintendent II, Juvenile Facility Superintendent I, Treatment Director/PREA Coordinator, both Youth Services Program Supervisors medical and mental health staff were interviewed during the on-site visit. Additionally, interviews were conducted via telephone with the KYDJJ Commissioner, KYDJJ Assistant Director of Program Services/PREA Compliance Manager, and IIB Special Investigative Agent Manager prior to and after 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 Facility Superintendent II, Juvenile Facility Superintendent I, Treatment Director/PREA Coordinator, both Youth Services Program Supervisors, Social Services Clinician I, Administrative Specialist III and via telephone, the KYDJJ Regional Manager and KYDJJ Assistant Director of Program Services/PREA Compliance Manager. At the exit debriefing, it was discussed additional documentation was required for two (2) 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 facility's Treatment Director/PREA Coordinator. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 37

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 4/04/14 and Cadet Leadership & Education Program's Standard Operating Policy and Procedures (SOP) Chapter 9 [Prison Rape Elimination Act (PREA)] outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. 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.

Kentucky Department of Juvenile Justice (KYDJJ) has a designated juvenile PREA Compliance Manager, her official title is Assistant Director of Program Services and reports directly to the Commissioner. The PREA Compliance Manager works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of thirty-one (31) residential facilities with the support of the Department. Cadet Leadership & Education Program's PREA Coordinator is the Treatment Director and during her interview indicated she had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards. Additionally, she has created several PREA reference binders one of which is located in the library area containing the policy, reporting process, victim advocate information, and forms for the staff. 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.

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 and the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 9 [Prison Rape Elimination Act (PREA)] describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. KYDJJ has entered into/renewed eighteen (18) contracts with varied private or other government agencies to provide confinement of residents in the past twelve (12) months. Of these contracts, there is only one (1) contract that is eligible for KYDJJ to monitor compliance with the PREA standards. An interview with the KYDJJ Assistant Director of Program Services/PREA Compliance Manager confirmed this contractor is monitored by KYDJJ to ensure compliance with the PREA standards.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 910 Subject (Facility Security Management) effective 4/04/14; Chapter (Program Services) Policy #319 Subject (Staff Requirements for the Supervision of Youth) & Policy #319.1 Subject (Facility Capacities) effective 7/01/15, contained the required information identifying each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring (if applicable) and federal standards. Additionally, the policies contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts on weekly basis. Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#2, #77 & #116) to comply with the requirements at the facility level. According to the policy, CLEP's staff-to-youth ratios is identified as 1:10 during the resident waking and 1:12 during sleeping hours, however the practice at this facility for the past 12 months has been 1:8 during the resident waking and 1:12 during sleeping hours. CLEP's staffing plan was reviewed, developed, implemented 12/2016 and in compliance with the standards

During the initial documentation review, the facility did not report deviations from the staffing plan during the past 12 months, however, the facility's staff-to-resident ratios varied due to the fluxuation of the resident population during the awake and sleep hours in the barracks area. Minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Each member of the administrative team conducts and documents unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a weekly basis. All unannounced rounds are documented on the "CLEP PREA Tour Log", shift reports and an email is sent to the Juvenile Facility Superintendent II that contains information and observations of all areas of the facility. The documentation, Juvenile Facility Superintendent II and staff interviews confirmed the process takes place in the facility.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 910 Subject (Facility Security Management) and Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/14; 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 areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Cadet Leadership & Education Program has Standard Operating Procedures (#116 & #130) to comply with the requirements at the facility level. KYDJJ has extensive staff training, a review of the training documentation including a "Cross Gender Visual Searches" power point and some 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. Most 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. Most staff and some resident interviews indicated that staff of the opposite gender entering the barracks area consistently announce themselves. During the on-site visit, the postings were re-posted to remind female staff on announcing their presence when entering the barracks area. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that staff of the opposite gender are prohibited from entering the bathroom/shower area while residents are showering.

There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. Most staff were able to describe what an exigent circumstance would be and in most instances were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff interviews could identify the KYDJJ policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status. After the on-site visit, all staff were re-trained on cross-gender pat searches and searches of transgender and intersex residents, and on staff of the opposite gender announcing their presence when entering the barracks area. The CLEP's Treatment Director/PREA Coordinator sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 907 Subject (Resident PREA Education) effective 4/04/14; 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 Subject (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.

There are postings throughout the facility 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 Program Services/PREA Compliance Manager on a monthly basis. The teachers from Breathitt County Board of Education provide education to the residents at the facility. The teachers could 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 Cadet Handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Also, the Cadet Handbook is available in Spanish. Most staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment. Information is available and posted for staff to refer to if a resident should need interpreter services.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/14; 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. 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, driving records check, child abuse registry checks, Diana screening - sex offender 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 some of 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. After the on-site visit, the CLEP's Treatment Director/PREA Coordinator sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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.

Cadet Leadership & Education Program has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was an installation of the Patrol Scan System for logging bed checks during sleeping hours that was installed within the past 12 months. This will enhance their capabilities of monitoring residents during sleeping hours. Additionally, during the tour, the video surveillance system in the control area was observed. This will also enhance their capabilities to assist in monitoring blind spots, the review of incidents and for staff to monitor residents more efficiently throughout the physical plant of the facility.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

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

The initial review of the Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; General Directive #10-02; Chapter (Program Services) Policy #300.1 Subject (Program and Services); Chapter (Health and Safety Services) Policy #402 Subject (Access to Medical, Dental and Mental Health); Policy #404.6 Subject (Emergency Medical Services); Policy #404.8 Subject (Hospital Care); Policy #408.1 Subject (Forensic Information); and KRS 15A.020 & 500 KAR 13:020 (Office of Investigations) 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, policy 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. The Rising Center is the program identified to provide the victim advocacy services for the residents at the facility. Kentucky River Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim. The documentation was provided that the medical examiners at Kentucky River Medical Center is SANE certified. The facility has identified three (3) 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14 and 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. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. CLEP had received no allegations of sexual abuse and sexual harassment with any resulting in a criminal investigation or in an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process, policy's requirements and the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

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 Kentucky Department of Juvenile Justice (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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#117 & #129), requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. Also, all staff are trained on additional policies and procedures (Chapter 208, 901, 906, 907 & 908), "Keeping Our Kids Safe" video, and several Kentucky statutes (KRS 620.020; 620.030; 620.040; 620.050 & 510.020) besides other training materials. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with 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 all the different KYDJJ Training Phases 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance) and Chapter 903 Subject (Prohibited Conduct of Staff, Interns, Volunteers, and Contractors) effective 4/04/14; Chapter 911 Subject (DJJ Staff PREA Education and Training) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and view the "Keeping Our Kids Safe" video. All volunteers, interns and contractors receive and sign an acknowledgement form for KYDJJ Phase 1 & video upon completion of the PREA training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their 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 Kentucky Department of Juvenile Justice (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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#114) 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 facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff utilizes the Cadet Duty Book & Cadet Handbook and reviews this detailed information verbally with the resident and the resident signs the form verifying receipt for all information regarding orientation to the facility. After the review with the resident, he is asked to sign various forms (i.e. Youth Acknowledgment of PREA Education and PREA Documentation) verifying receipt for all information regarding orientation to the facility. All residents are provided Resident PREA Education and KYDJJ "Don't Be Afraid! Report any Sexual Activity or Abuse" pamphlet which includes information on prevention/intervention self-protection, reporting and treatment/counseling and all available in Spanish for future reference. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Most residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the duty book, handbook & pamphlet. Staff presents PREA information in a manner that is accessible to all residents and provides 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #133 Subject (Ombudsman) and Policy #140 Subject (Reporting of Special Incidents) 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 the IIB Special Investigative Agent 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 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) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation contained all the training completed by all six (6) of the medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized medical and mental health training. The 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. Also, all medical and mental health staff participate in annual PREA training. 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) effective 4/04/14; 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) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system (movement log), as well as receiving further assessments, as identified. The Victimization and Sexual/Physical Aggression Screener (VSPA-S) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The facility's 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 facility 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/14; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) prohibits gay, bi-sexual, transgender and intersex residents being placed in a particular cottage, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical 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 facility staff utilize various forms (Victimization and Sexual/Physical Aggression Screener) and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from these various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. The barracks area is an open bay style of housing with forty (40) bunk beds, with cafeteria style tables and bathroom/shower area. Isolation is not utilized at the facility as a means of protective custody.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 907 Subject (Resident PREA Education) effective 4/04/14; Chapter 908 Subject (DJJ Response to a Report of a PREA Violation); 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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#121, #125, #126, #127 & #130) 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 number, placing a written complaint in the grievance box and third party. While touring the entire facility, there were postings of the PREA information, victim advocate services information and a locked grievance box with grievance forms located in the barracks area of the facility. All resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust and with the third party or anonymous reporting capability. Most residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most staff interviews along with the Cadet Duty Book, Cadet Handbook, postings, and 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/14; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Policy #143 Subject (DJJ Internal Affairs) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance boxes located in various areas of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. One (1) of the Youth Services Program Supervisors 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. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; 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) and Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#82, #95, #96, #125, #126 & #127) 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. The Rising Center is the program identified to provide the victim advocacy services for the residents at the facility. KY River Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at KY River Medical Center 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 facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The facility's postings and the Cadet Handbook contained information of the outside services. Most resident interviews revealed knowledge of how to access outside victim advocate services and what kind of services are provided to them. It is evident, the facility staff are committed to protecting the residents in their care by providing information of the outside sources available to them and to their families.

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 Kentucky Department of Juvenile Justice's third party reporting process and instruct staff to accept third party reports. The Justice Cabinet, Kentucky Department of Juvenile Justice & Internal Investigations Branch websites provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; 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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#125) 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 facility's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training. The staff would complete a incident report with the details of any incidents that would occur in the facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14 and Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#127) 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 Facility Superintendent II 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 facility 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; Chapter (Administration) Policy #102 Subject (Employee Code of Ethics); Policy #140 Subject (Reporting of Special Incidents) and Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#125 & #127) requires the 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 Facility Superintendent II 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14, 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/CLEP 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#127) and CLEP First Responder Plan provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. CLEP's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting IIB and law enforcement, victim advocate services, & parent/guardian and a number of other individuals. Interviews with the Juvenile Facility Superintendent II 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 Kentucky Department of Juvenile Justice (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 4/04/14; Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents); Chapter (Admissions) Policy #208 Subject (Youth Rights) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. KYDJJ policies and procedures 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 Facility Superintendent I is responsible with overseeing the monitoring and assigns both Youth Services Program Supervisors to monitor 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure); Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) & Chapter 912 Subject (Sexual Orientation and Gender Identity) effective 4/04/14; Chapter (Program Services) Policy #318 Subject (Behavior Management); Policy #323 Subject (Isolation) 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 facility restricts any isolation placement, however, CLEP has the capabilities to provide protective housing for a resident as a last resort. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another facility or staff would be placed on "no contact with resident."

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 906 Subject (Reporting and Investigating PREA Violations) & Chapter 908 Subject (DJJ Response to a Report of a PREA Audit Report

of a PREA Violation) effective 4/04/14; 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) require all staff to refer all alleged incidents of sexual abuse, sexual harassment or sexual misconduct to the Kentucky State Police (KSP) for investigation and determination of criminal charges. Staff refer all allegations of sexual abuse, sexual harassment or sexual misconduct to the Internal Investigations Branch (IIB) for completion of an administrative investigation. Additionally, the KYDJJ Ombudsman investigates cases of juvenile-on-juvenile sexual harassment. 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 facility 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 facility, 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 Internal Investigations Branch (IIB) Policy IIB-001 (DJJ Case Assignment & Investigations) contains all the elements of the standard and IIB investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Interviews with both IIB Special Investigative Agent Manager and Juvenile Facility Superintendent II indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to KYDJJ for consultation with legal and Human Resources to determine disciplinary actions. KYDJJ Assistant Director of Program Services/PREA Compliance Manager receives a report from IIB on a monthly basis.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 906 Subject (Reporting and Investigating PREA Violations); Chapter (Administration) Policy #140 Subject (Reporting of Special Incidents) and Chapter (Program Services) Policy #321 (Incident Reporting) 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. CLEP 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 and CLEP learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

Investigations involving resident-on-resident allegations of sexual abuse, IIB notifies KYDJJ Assistant Director of Program Services/PREA Compliance Manager who notifies the Juvenile Facility Superintendent II who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months which was investigated and completed by an outside agency. The Juvenile Facility Superintendent II 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct); Chapter 902 Subject (Personnel Procedures) & Chapter 906 Subject (Reporting and Investigating PREA Violations) effective 4/04/14; 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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#132) 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 facility's sexual abuse or harassment policies. The Juvenile Facility Superintendent II 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 901 Subject (Zero Tolerance of Any Type of Sexual Misconduct) & Chapter 911 Subject (DJJ Staff PREA Education and Training) effective 4/04/14; Chapter (Administration) Policy #104 Subject (Code of Conduct) and Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#121, #122 & 129) 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 Juvenile Facility Superintendent II. 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 Kentucky Department of Juvenile Justice (KYDJ) 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 4/04/14; 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 Cadet Leadership & Education Program's Standard Operating Policy and Procedures (#125, #126 & 127) any resident 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. CLEP staff provides each resident with a Cadet Duty Book & Cadet Handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Juvenile Facility Superintendent II 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 Kentucky Department of Juvenile Justice (KYDJ) 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) 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. CLEP's medical and mental health staff have an extensive intake process completing various admission screening forms (i.e. Medical Initial Screening, Medical Care Plan, Medical Education, Medical Referral, MAYSI, Mental Health Interview Questions, Mental Health Evaluation, Victimization or Perpetration History/Offer of Follow-up Mental Health Services, Mental Health Referral, and Human Trafficking Screening) including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. There is a bulletin board located in the facility with health information that is

updated periodically. Medical staff provide residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 907 Subject (Resident PREA Education) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) effective 4/04/14; 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) requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation (i.e. Emergency Medical Treatment form & Aftercare Agreement form) for the direct care staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. The Rising Center is the program identified to provide the victim advocacy services for the residents at the facility. KY River Medical Center 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 905 Subject (Juvenile Vulnerability Assessment Procedure) & Chapter 908 Subject (DJJ Response to a Report of a PREA Violation) 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 #404.11 Subject (Perinatal Care); Policy #405 Subject (Mental Health Services Administration and Personnel); Policy #405.1 Subject (Mental Health Assessment/Evaluation); Policy #405.3 Subject (Referral for Mental Health Services); Policy #405.5 Subject (Mental Health Emergencies) and Policy #416.1 Subject (Infectious Communicable Disease) 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 KY River Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility

in the past 12 months. 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. The medical and mental health staff have a protocol in place to assist residents and their families upon discharge from the facility to continue services if needed.

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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review) 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. CLEP's Sexual Abuse Incident Review Team consists of the Juvenile Facility Superintendent II, Juvenile Facility Superintendent I, both Youth Services Program Supervisors, Treatment Director/PREA Coordinator, Nurse Shift Program Supervisor, Facility Nurse and assigned supervisory staff. There has been no investigation 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review), requires the collection of accurate, uniform data for every allegation of sexual assault. The Treatment Director/PREA Coordinator completes the collected data related to PREA forwards the report to the Juvenile Facility Superintendent II for approval prior to forwarding to the KYDJJ Assistant Director of Program Services/PREA Compliance Manager. KYDJJ has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2014-2015 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review), 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 2014-2015 Annual Reports indicated compliance with the standard and included all of the required elements. The 2014-2015 Annual Reports are posted on the KYDJJ Website for public review. The Treatment Director/PREA Coordinator monitors collected data to determine and assess the need for any corrective actions. The 2014-2015 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 Kentucky Department of Juvenile Justice (KYDJJ) Policy Chapter 909 Subject (Data Collection and Review); Chapter (Administration) Policy #132 Subject (Privacy of Health Information); Policy #149 Subject (Information Systems) and KYDJJ Records Retention Schedule 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

March 31, 2017

Auditor Signature

Date