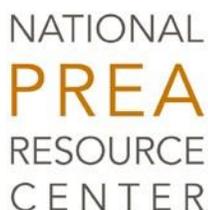


PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES



Auditor Information			
Auditor name: G. Peter Zeegers			
Address: 6302 Benjamin Rd. Suite 400 Tampa, Fl. 33634			
Email: pete.zeegers@us.g4s.com			
Telephone number: 863-441-2495			
Date of facility visit: 4/20-4/21/15			
Facility Information			
Facility name: Green River Youth Development Center			
Facility physical address: 363 Boy Camp Road Cromwell, Kentucky 42333			
Facility mailing address: (if different from above)			
Facility telephone number: 270-526-3826			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Leonard Renfrow			
Number of staff assigned to the facility in the last 12 months: 45			
Designed facility capacity: 40			
Current population of facility: 23			
Facility security levels/inmate custody levels: Secure Medium Level			
Age range of the population: 14-18 1/2			
Name of PREA Compliance Manager: Leonard Renfrow		Title:	Interim Superintendent II
Email address: LeonardC.Renfrow@ky.gov		Telephone number:	270-526-3826
Agency Information			
Name of agency: Kentucky Department of Juvenile Justice			
Governing authority or parent agency: Kentucky Justice and Public Safety Cabinet			
Physical address: 1025 Capital Center Drive, 3rd Floor, Frankfort, Kentucky 40601-8205			
Mailing address: (if different from above)			
Telephone number: 502-573-2738			

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

AUDIT FINDINGS

NARRATIVE:

Green River Youth Development Center is a 40-bed staff secure treatment facility operated by the State of Kentucky, located in Cromwell, Kentucky. The facility serves adolescent boys, ages 14-18 1/2, who have been adjudicated delinquent. The youth attend school daily directed by the Butler County Public School System. The length of stay at the program is 1 year and 6 months. The facility employs 45 full-time staff.

This audit was conducted by certified PREA Auditor G. Peter Zeegers. During the Pre-Audit phase the auditor reviewed a variety of documents provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. The auditor conducted a Pre-Audit conference call a week prior to the on-site audit to provide agency and facility officials with the current status of the audit process, as well as to expand upon and clarify documents that had been submitted. The auditor did not receive any correspondence or requests from staff or detainees prior to the on-site audit.

An on-site PREA Audit was conducted April 20th and 21st, 2015. The entrance meeting was attended by Leonard Renfrow, Interim Superintendent, (also serves as the facility PREA Compliance Manager), Matt Clark, Supervisor, Lee Barron, future PREA Compliance Manager, and Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed, samples of youth and staff were selected, and specialized staff were identified. Also, additional pre-audit information was obtained. The entrance meeting was followed by a tour of the facility led by Superintendent Renfrow, (facility

described below). All areas were viewed, including the administration area, classrooms and vocational areas, visitation area, kitchen and dining area, medical clinic, recreation areas, gymnasium, and the dorm areas. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Sexual Assault Crisis Service were found in virtually every area where staff and youth might be found. These pamphlets and posters are printed in both English and Spanish. There were also posters with addresses and phone numbers to the Kentucky Association of Sexual Assault Programs (KASAP) Victim Advocates. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at the Ohio County Hospital located in Hartford, Kentucky, where forensic examinations would be conducted at no cost to the youth and/or their family.

Interviews were conducted with the Agency Commissioner, the Agency PREA Coordinator, Agency Contract Administrator, the Green River Interim Superintendent, (who also served as the facility PREA Compliance Manager), Intake staff, the nursing staff, Mental Health Director, ten custody staff randomly selected from each of the three shifts in this facility, and ten youth, also randomly selected.

On the days of the on-site audit 23 youth were housed in the facility. There were no PREA-related sexual abuse allegations made in the previous 12 months. There were (3) youth on youth sexual harassment allegations made in the previous 12 months. (1) allegation was labeled exonerated, with the other (2) findings of unsubstantiated. These were investigated by the facility Ombudsman, as per Kentucky state policy and procedure. No youth reported during the intake process previous physical or sexual abuse. One youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. This youth reported that he has not been treated any differently than the other youth. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. The PREA information is printed in English and Spanish. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group

treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

The Green River Youth Development Center was first accredited by the American Correctional Association in 1990 and has successfully achieved re-accreditation status through 2014.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The facility is located at 363 Boy Camp Road in Cromwell, Ky. The tour of the facility was conducted by Interim Superintendent II Leonard Renfrow. The tour also included Matt Clark, Youth Service Program Supervisor and Lee Barron, future PREA Compliance Manager. The facility is clean, in good repair, and well maintained. The front door is secured from the outside. One must identify one's self and is escorted into the front lobby area. The main building is spacious enough for the staff and youth, with open hallways and good lighting. Once entered through a front door of the main building there is a visitor sign-in area which is adjacent to the administrative area, medical office, and kitchen/dining room area. The living area is also in the main building. It is an open bay design with 22 bunk beds. There is one single bed close to the staff desk. There is one bathroom with (10) showers, all with curtains. There are (5) toilets with doors, (2) latrines, and (5) sinks. There are cameras in the dorm area, though not trained on the bathroom/showers. There are also (2) isolation rooms. LBGTQI youth are not permitted in these rooms as a way to stay safe.

The counselor's building has offices, maintenance, and vocational areas. In the vocational area, there are working greenhouses with aqua culture and hydro culture instruction taking place. Plants are being grown and fish are being raised. There are also vocational classrooms where youth are being instructed in various trades. There is an indoor gymnasium, where the youth can participate in various activities. The school rooms are also located in the gymnasium. There is a barn with (30) head of cattle the

facility raises on the property. There is also a chapel where Church services can be attended by the youth.

There are 58 cameras located on facility grounds. The Superintendent and Supervisors have camera access on their computers. There are "blind spots" in the maintenance and vocational areas. Superintendent Renfrow agreed that this is a concern for him, but adds that staff are trained in physical awareness, with eyesight security of the youth at all times.

The PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the hotline to the Internal Investigations Branch (IIB), and PREA hotline are prominently posted in the main lobby area and hallways, as well. There are also posters with addresses and phone numbers to the Kentucky Association of Sexual Assault Programs (KASAP).

Number of standards exceeded: 8

Number of standards met: 25

Number of standards not met: 0

Number of standards not applicable: 8

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

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

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

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

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is N/A.

Standard 115.313 Supervision and monitoring

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

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

The policy meets all the elements of the standard. The staffing plan has been completed and meets all elements of the standard.

The facility has initiated the practice of unannounced rounds. Staff and youth interviews and documentation confirmed the practice.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

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

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

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

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

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

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

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

Standard 115.317 Hiring and promotion decisions

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

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

The agency conducts extensive background checks and reference checks with multiple entities. There is a new policy to conduct background checks every 5 years. This system has just started. Policy addresses all of the elements of this standard. All personnel files checked met the standard criteria.

Standard 115.318 Upgrades to facilities and technologies

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

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

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

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

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

Forensic medical exams, when needed, would be conducted at the Ohio County Hospital, in Hartford, Kentucky, at no cost to the resident or their family.

The facility has an MOU with the Kentucky Association of Sexual Assault Programs (KASAP).

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Facility policy ensures that an administrative/criminal investigation is completed, as required. Policy and Kentucky state law requires that all allegations be reported to IIB for investigation. Allegations that are criminal in nature are reported to the Kentucky State Police.

There were three PREA-related youth on youth sexual harassment allegations made in the previous 12 months. There were no sexual harassment staff on youth allegations during last 12 months.

There were no sexual abuse allegations during the previous 12 months.

Standard 115.331 Employee training

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

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

All current staff have completed both facility and Kentucky State PREA Training which includes all of the required topics. This training is specific to youth who are referred for treatment at this facility.

Refresher training is provided every year. Staff also review and sign the Kentucky State Acknowledgement and Notification PREA form. Staff interviews confirmed the practice.

Standard 115.332 Volunteer and contractor training

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

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

Policy meets the requirements of the standard. The facility does utilize volunteers and contractors, and they have completed the same PREA training that staff are required to complete. Documentation was available. Staff interviews verified the training completion.

Standard 115.333 Resident education

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

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

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

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

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

Standard 115.334 Specialized training: Investigations

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

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

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

Standard 115.335 Specialized training: Medical and mental health care

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

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

Medical and Mental Health staff receive Medical and Mental Health professionals training provided through the State of Kentucky. The facility does not conduct forensic medical exams. As fulltime staff, they also receive the same PREA training as other staff. Documentation verified the training.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

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

The facility utilizes the State of Kentucky screening instrument and assessment, checklist and protocol for behavior and risk for victimization. The instrument meets all PREA requirements in this regard. This screening is conducted for all youth who enter the facility within 72 hours, and most commonly, within 24 hours. The screening consists of both youth interview questions and staff review of collateral information.

Youth are assessed quarterly, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is re-conducted.

Facility policy strictly controls the dissemination of information gathered from the screening on a “need to know” basis.

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 facility has one dorm area with the capability of housing 40 youth. The current housing, educational, and work assignments classification system is based on the assessment results.

Screening, assessment, and collateral information gathered during the intake process is used to place youth in a bed that best ensures each youth’s safety and security.

Education and treatment services are provided on site.

The facility does not utilize isolation as a form of placement for LGBTQI youth.

Although there was one gay, bisexual, transgender, or intersex youth in the program during the audit. He states that he has been treated no differently than the other youth. Facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.

Standard 115.351 Resident reporting

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

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

Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. All youth identified the reporting numbers for state agencies listed on the posters in the hallway, as being one means of reporting. They also stated that they can confide in their lawyer, their Juvenile Service Worker, tell a family member, or tell a staff member. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.

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

Standard 115.352 Exhaustion of administrative remedies

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

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

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

Standard 115.353 Resident access to outside confidential support services

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

- Does Not Meet Standard (requires corrective action)

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

The facility currently has an MOU with the KASAP agency to provide victim advocate and supportive services to youth upon request. Posters containing both the IIB and PREA hotline numbers are prominently posted in the hallways and lobby area. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports.

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

Standard 115.354 Third-party reporting

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

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

The facility uses the IIB and PREA Hotline for this purpose, and informs parents and guardians that they should call this number to make a report.

Standard 115.361 Staff and agency reporting duties

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

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

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

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

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

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

Standard 115.362 Agency protection duties

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

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

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.

Standard 115.363 Reporting to other confinement facilities

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

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

While there has not been an allegation of sexual abuse at a prior facility in the previous 12 months, facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Kentucky law requires mandated reporters to report such an allegation to IIB.

Standard 115.364 Staff first responder duties

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

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

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

Standard 115.365 Coordinated response

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

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

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

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

Standard 115.367 Agency protection against retaliation

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

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

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

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

Standard 115.368 Post-allegation protective custody

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

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

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

This is N/A. The facility does not utilize any form of segregated housing.

Standard 115.371 Criminal and administrative agency investigations

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

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

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

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

Standard 115.376 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

Standard 115.377 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy clearly states that any volunteer or intern who engages in the sexual abuse or sexual harassment of an individual in the custody of the State of Kentucky will be terminated.

Further, any contractor who engages in similar behavior will be subject to contract cancellation. The statewide PREA Coordinator stated during her interview that all substantiated findings would be reported to applicable licensing authorities.

Standard 115.378 Disciplinary sanctions for residents

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

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

Whenever IIB substantiates an allegation of sexual abuse against a youth, that youth becomes classified as a sex offender and is saddled with an additional charge, and is usually remanded to the Detention Center. Thus, there would be no disciplinary sanctions imposed by the facility at all.

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

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

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

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

Facility policy complies with all elements of the standard. There were no youth who reported prior sexual victimization upon intake.

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

Standard 115.382 Access to emergency medical and mental health services

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

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

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

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

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

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

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

Standard 115.386 Sexual abuse incident reviews

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

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

In the event that such a review becomes necessary facility procedures for conducting the review meet the requirements of the standard.

Standard 115.387 Data collection

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

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

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

Standard 115.388 Data review for corrective action

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

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

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

Standard 115.389 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

G. Peter Zeegers

5/21/2015

Auditor Signature

Date