

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> Murray Group Home			
<b>Physical Address:</b> 206 Back Street Murray, Ky. 42071			
<b>Date report submitted</b>			
<b>Auditor information: G. Pete Zeegers</b>			
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<b>Telephone number:</b>		863-441-2495	
<b>Date of facility visit</b>		March 18th, 2015	
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>		270-759-4272	
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential Treatment Facility
<b>Name of PREA Compliance Manager:</b>		Erin O'Boyle	<b>Title:</b> Social Service Clinician I
<b>Email Address:</b>		erino.o'boyle@ky.gov	<b>Telephone Number:</b> 270-759-4272
<b>Agency Information</b>			
<b>Name of Agency:</b>		Kentucky Department of Juvenile Justice	
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>			
<b>Physical Address:</b>		1025 Capital Dr. Third Floor Frankfurt, Ky. 40601	
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>		502-573-2044	
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bob Hayter		<b>Title:</b>	Commissioner
<b>Email Address:</b> bobd.hayter@ky.gov		<b>Telephone Number:</b>	502-573-2044
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> LaShanna M. Harris		<b>Title:</b>	Asst. Director of Program Services: Statewide PREA Compliance Coordinator

## **AUDIT FINDINGS**

### **NARRATIVE:**

Murray Group Home is an 8-bed staff secure residential treatment facility/group home operated by the State of Kentucky, located in Murray, Kentucky. The facility serves adolescent girls, ages 12-18, who have been adjudicated delinquent. The youth attend school daily directed by the Murray County Independent School System. The length of stay at the program is 7 months. The facility employs 14 full-time staff.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and 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 on March 18th, 2015. The entrance meeting was attended by Lisa Kim, Superintendent 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 Kim (facility described below). All areas were viewed, including the lobby, visitation, kitchen and dining areas, medical clinic, and the living area. 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 Murray Calloway County Hospital, where forensic examinations would be conducted.

Interviews were conducted with the Agency Commissioner, the Agency PREA Coordinator, the Murray Superintendent (who on this day served as the Facility PREA Compliance Manager), Intake staff, the nursing staff, six custody staff randomly selected from each of the three shifts in this facility, and all five youth.

On the days of the on-site audit 5 youth were housed in the facility. There were no PREA-related youth on youth allegations made in the previous 12 months. Two youth had reported during the intake process previous physical or sexual abuse (which did not occurred in this or any other facility). No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. 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 Murray Group Home was first accredited by the American Correctional Association in 2008 and has successfully achieved re-accreditation status in 2011 and 2014.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The facility is located at 206 Back Street Murray, Ky. The tour of the facility was conducted by Superintendent Lisa Kim. The facility moved from Mayfield, Kentucky in 2007. 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 building is spacious enough for the staff and youth, with open hallways and good lighting. Once entered through a front door there is a visitor sign-in area which is adjacent to the kitchen/dining room area. There is a small administrative area, an intake room, nurse's station, some offices, a laundry room, and the dorm area. There are two bathrooms near each end of the dorm area. Each bathroom has a toilet and a shower with curtain. There is a door for each bathroom.

As mentioned before, the youth attend local schools run by the Murray County Independent School System. The youth can attend the local Health and Wellness Center for daily exercise. There are also plenty of leisure time activities built into the daily schedule.

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).

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 4

Number of standards met: 29

Number of standards not met: 0

Number of standards N/A: 8



### **§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)**

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 manager as the 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 Superintendent 2 served as the PREA Compliance Manager during this audit and reports that she has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

### **§115.312 - Contracting with other entities for the confinement of residents**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

This standard is N/A.

### **§115.313 - Supervision and monitoring**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

As is common with facilities undergoing its first PREA Audit, the existing staffing plan did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Although the ratio requirement of 115.313(c) is not applicable until October 1, 2017, the facility maintains a waking hours ratio of 1:5.

The facility has initiated the practice of unannounced rounds. Documentation shows the measures being taken. Staff interviews confirmed the practice.

### **§115.315 – Limits to cross-gender viewing and searches**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

Facility policy states that staff will be trained in cross gender pat down searches. During the on-site audit it was determined that some clarification was needed regarding staff training on cross gender searches. During the 30 days after the on-site audit, all staff at this facility received additional training regarding the cross gender visual searches policy to eliminate any confusion. 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 the dorm area 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 male staff are not permitted to enter or remain in the bathroom/shower area.

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

### **§115.316 – Residents with disabilities and residents who are limited English proficient**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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 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.

### **§115.317 – Hiring and promotion decisions.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **§115.318 – Upgrades to facilities and technology.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

### **§115.321 – Evidence protocol and forensic medical examinations.**

#### **Overall Determination**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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 Murray Calloway County Hospital at no cost to the resident.

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

### **§115.322 – Policies to ensure referrals of allegations for investigations.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

There were no PREA-related youth on youth allegations made in the previous 12 months.

### **§115.331 – Employee Training**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **§115.332 – Volunteer and contractor training.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**



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

### **§115.333 – Resident education.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **§115.334 – Specialized training: Investigations.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

### **§115.335 – Specialized training: Medical and mental health care.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

Medical staff receive Medical 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. If need be, youth are transported out of the facility to Mental Health professionals in the community.

**115.341 – Obtaining information from residents.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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 annually, 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 an “need to know” basis.

**115.342 – Placement of residents in housing, bed, program, education, and work assignments.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

The facility has one dorm area having the capability of housing 8 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 an area of the dorm rooms that best ensures each youth's safety and security.

Treatment is provided in the main building on site.

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

Although there were no gay, bisexual, transgender, or intersex youth in the program during the audit, 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.

### **115.351 – Resident reporting.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **115.352 – Exhaustion of administrative remedies.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **115.353 – Resident access to outside support services and legal representation.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

The facility is 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 they 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.

**115.354 – Third-party reporting**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.361 – Staff and agency reporting duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.362 – Agency protection duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.363 – Reporting to other confinement facilities.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

While there has not been an allegation of 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.

**115.364 – Staff first responder duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.365 – Coordinated response.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.366 – Preservation of ability to protect residents from contact with abusers.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

**115.367 – Agency protection against retaliation.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.368 – Post-allegation protective custody.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

**115.371 – Criminal and administrative agency investigations**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

**115.372 – Evidentiary standards for administrative investigations**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

### **115.373 – Reporting to residents.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Facility policy requires the Program Director 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.

### **115.376 – Disciplinary sanctions for staff.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

### **115.377 – Corrective action for contractors and volunteers.**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**



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.

### **115.378 – Disciplinary sanctions for residents**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)**

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 local 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.

### **115.381 - Medical and mental health screenings; history of sexual abuse**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)**

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

### **115.382 - Access to emergency medical and mental health services**

#### **Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

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

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.386 – Sexual abuse incident reviews**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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

**115.387 – Data collection**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.388 – Data Review for Corrective Action**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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.

**115.389 – Data Storage, Publication, and Destruction**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)**

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:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Garret Leegers*

4/18/15

Auditor Signature

Date