PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

Auditor Information			
Auditor name: Walter J. Krauss, Psy. D.			
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Email: waltjk@aol.com			
Telephone number: 860-707-4622			
Date of facility visit: May 15th & May 16th, 2015			
Facility Information			
Facility name: Lake Cumberland Youth Development Center			
Facility physical address: 9000 Highway 1546 Monticello, Kentucky 42633			
Facility mailing address: (if different from above)			
Facility telephone number: 606-348-4201			
The facility is:	☐ Federal	**X** State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☐ Correctional	☐ Detention	**X** Other
Name of facility's Chief Executive Officer: Timothy Conn			
Number of staff assigned to the facility in the last 12 months: 51			
Designed facility capacity: 40			
Current population of facility: 28			
Facility security levels/inmate custody levels: Level III			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Edward Chris Lovelace	**Title:**	**Treatment Coordinator**	
Email address: ChrisE.Lovelace@ky.gov	**Telephone number:**	**606-348-4201**	
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:

Lake Cumberland Youth Development Center (YDC) is a 40 bed (Custody Level III) staff secure program that houses male, public and youthful offender, residents between the ages of 14 and 18 in a dorm style setting. The facility is located in Monticello, Kentucky, and is operated by the Kentucky Department of Juvenile Justice. The Superintendent explained that Lake Cumberland YDC has a strong vocational and academic program with an emphasis on creating or enhancing employability skills. The educational program assists youth in obtaining high school credits for those who intend to return to public school or in attaining a high school diploma for those who have earned enough credits to graduate. Lake Cumberland YDC also offers alternative GED programming to assist youth in preparing for GED testing. Vocational programs include welding and building/apartment maintenance, with a variety of certifications available to be earned. Work place principles and personal finance skills are also addressed to help the youth work with independent living skills.

The treatment program is individually based, focusing on the individual treatment needs of each youth with cognitive-behavioral treatment programming. Each youth is assigned to a treatment team that reviews progress within all aspects of the treatment program. Three substance abuse curricula are offered along with a variety of specific emotional and developing age-appropriate decision-making skills. A variety of job skills are taught, including lawn and grounds maintenance, along with restaurant-style kitchen maintenance skills as well as other independent living skills. A strong emphasis is placed upon restorative justice as the youth participate in a wide range of community service projects for local churches, schools, and civic organizations.

Residents typically average 6-8 month stays at the facility. Residents at the YDC are allowed access to phones to attorneys and family members, are allowed at least one hour a day for exercise, have access to books, bathroom and shower facilities. The facility employs 51 full time staff and contracts with the Wayne County School District, which provides four teachers and one administrative staff. There are two contracted vocational staff as well. Security staff are referred to as Youth Workers or Youth Worker Supervisors, none of which are female. As a result cross gender searches are not of concern at this point although staff have received related training. The nursing staff are State of Kentucky employees. There are no SANE or SAFE staff employed at the facility; however, those services would be provided at the Lake Cumberland Regional Hospital in Somerset, Kentucky, which is typically a 25-minute drive. If youth were in need of such services, staff would contact the Adanta Rape Crisis Center in Somerset, Kentucky. A counselor from that program would meet the youth at the hospital and accompany them through the process, if the resident preferred.

The Lake Cumberland YDC was first accredited by the American Correctional Association in 1989 and successfully achieved re-accreditation once again in 2013. The on-site PREA audit was conducted by Walter J. Krauss, Psy.D. DOJ Certified PREA Auditor, and the review of policies, procedures and most documentation as well as the written report completed by Peter Plant, DOJ Certified PREA Auditor in collaboration with W. J. Krauss. During the Pre-Audit phase the auditors reviewed a variety of documents provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. Dr. Krauss contacted Ms. LaShana Harris, prior to the site visits to discuss the agenda for each facility and to provide information on how best to facilitate the on-site auditing process.

The on-site audit was conducted on May 15 and May 16, 2015. An entrance meeting was held with the facility leadership, including Tim Conn, Juvenile Facility Superintendent II; Gregory Lundy, Juvenile Facility Superintendent I, and Chris Lovelace, Treatment Coordinator/PREA Compliance Manager, and Auditor W.J. Krauss. Staff had previously received an

agenda of the proceedings for the two day visit and the overall auditing process. Schedules with lists of staff, a facility organizational chart, and a list of the current residents was provided.

Subsequent to the introductory meeting, a comprehensive tour of the facility was led by committee, including the staff who participated in the entrance meeting and a Youth Worker who was available to address specific operational questions. All areas were viewed, including the Main Building, Activity Center, Upper Education Building, and Lower Education Building. Within the Main Building the main entrance for visitors and staff, the cafeteria (kitchen and dining area), medical clinic, one open bay dorm style housing unit, bathroom/showers, and staff offices for counselors and a main office where staff receive mail and other notices/information is posted.

There is no control room in the facility, but there are 63 cameras that record surveillance up to 30 days using a DVR system. Supervisory staff have access to computers that permit monitoring of staff. As explained by Superintendent Conn, surveillance cameras are not typically observed in real time by staff; however, the recorded information is used as a supervisory monitoring tool reviewed randomly and/or in response to any incidents that may occur. None of the cameras provide surveillance in shower and toilet areas or areas where youth change clothing, with the exception of the two isolation rooms; however, there are no female Youth Workers currently employed at the facility, thus cross gender viewing would not be a concern at this time. Despite excellent camera coverage, multiple blind spots were identified during the tour, which will be described in the following section. PREA-related informational posters in English and Spanish and the PREA audit notice were observed posted throughout the facility.

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

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

On the day of the audit there were 28 residents housed at the facility with the average length of stay between 6-8 months. One youth had reported previous sexual abuse while in the community, and it was clear that it had not occurred at Lake Cumberland YDC or at a prior confinement facility. That individual was reportedly offered an opportunity for treatment but he declined. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, or questioning, and no staff identified youth as gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired or who had limited English proficiency; however, there was one youth that was interviewed that was considered to be cognitively limited. There were no PREA related allegations reported or documented during the previous 12 months.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Lake Cumberland Youth Development Center is located at 9000 Highway 1546, Monticello, Kentucky. The campus is situated in a serene and inviting setting adjacent to scenic Lake Cumberland. The Main Building is accessed through a visitor sign-in area which is adjacent to the TV room/ cafeteria which is marked by large windows that allow for considerable natural light. There is no control room and there is no formal intake and processing area. Intakes are processed in the medical unit and the mental health offices, both also located in the Main Building adjacent to the cafeteria. The cafeteria, a medical unit, and an administrative section with mental health staff offices. The open bay dorm-style housing unit has 22 bunk beds, with those youth considered to be at risk for victimization assigned a bunk next to one of the two Youth Worker's desks for close observation. Despite a recent modification to the bathroom/shower area in response to PREA concerns, including a change from open style showers to single stall showers to allow for privacy and the installation of convex mirrors to help account for blind spots; however, staff admit the area remains a constant challenge in maintaining youth safety. Cameras are located throughout the building, but with the installation of a new sound proof door separating the isolation rooms from the dorm, camera surveillance is eliminated when the door is shut. Superintendent Conn indicated an additional camera has been ordered to resolve the issue.

The Activity Center was built approximately ten years ago and was funded through donations and constructed by volunteers. The primary use is for religious services and consists of a large room with a bathroom, which is restricted from resident use. There are also two cameras to provide surveillance. Further down the hill is the Upper School Building, which is where one will find the school on one side and the carpentry shop on the other. The school area has two cameras in each of the three classrooms, but none in the administrative office, which is a restricted area for juveniles. The carpentry shop consists of a large workshop area, tool area, and classroom. The workshop has two cameras and the tool area is restricted to one resident assigned to have fellow residents sign out and hand them requested tools. There is a classroom with large glass windows that would benefit from the installation of a camera for surveillance within.

The Lower School is at the bottom of the hill and consists of a welding shop, additional classrooms, and the resident library. The welding shop has a large workshop area, 5 welding booths, office, and a metal cage room for storing equipment. There are two cameras in the workshop area and one in the office, but none in the equipment area. Each of the five welding booths is only big enough for one person at a time and the cameras in the shop would be able to capture the entrance area for those booths. One area of concern is the blind spot in the outside welding material storage area. Adjacent to the workshop are three additional classrooms each with two cameras within them, a juvenile restroom, two staff restrooms, one staff office, and one break room, the latter two restricting resident entrance. On the opposite side of the building is the resident library with two cameras.

Below the gymnasium is the basement storage room for resident clothing / supplies. There are no cameras within this area, which warrants discussion for additional camera surveillance. Within the gymnasium, there is a recreation area that has two cameras in each area, but the stairwell leading up to the second floor recreation area presents a safety risk due to lack of camera surveillance. The gym has three cameras that provide excellent coverage. Residents can only use the bathroom one at a time. A second bathroom near the gym entrance is for staff only and off limits to residents.

The PREA Audit notice was posted on the bulletin boards in various hallways, as well as PREA information located in both English and Spanish. In collaboration with the auditor, visitors and volunteers will now receive a handout with PREA-related information and will sign in verifying that they have been informed that the facility has a zero tolerance policy for sexual abuse and sexual harassment and provided with information on how to report such allegations. In addition, posters containing both the PREA hotline number to the Internal Investigations Branch (IIB), and the Adanta Rape Crisis Center in Somerset, Kentucky are prominently posted in the main lobby area and hallways, as well. The auditor contacted the IIB hotline, but was only able to leave a message. This auditor expressed concern to the PREA Coordinator that a hotline by definition has a person answering any such calls, but she explained that after hours or on weekends, an on-call staff member is immediately informed via a beeper type service and they are notified immediately to review and potentially address the concern immediately.

Number of standards exceeded: 5

Number of standards met: 29

Number of standards not met: 0

Number of standards not applicable: 7

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

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

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

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

The agency has designated a Corporate Director as the Statewide PREA Coordinator as well as a facility-based PREA Compliance Manager. The PREA Coordinator is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Treatment Coordinator 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. Lake Cumberland YDC staff were highly complementary of the PREA Compliance Manager, often stating they would call him for not only PREA-related concerns, but anything and he would help them.

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is N/A.

Standard 115.313 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The policy meets all the elements of the standard. The staffing plan has been completed and meets all elements of the standard. The facility has initiated the practice of unannounced rounds. Staff and youth interviews and documentation confirmed the practice; however, documentation in the facility log was not consistent with that claim. The Juvenile Superintendent I indicated they conduct unannounced rounds regularly, but have not documented them consistently. The facility was asked by this auditor to provide evidence over the three week period following the on-site audit to indicate compliance, which they did.

Standard 115.315 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Facility policy states that staff will be trained in cross gender pat down searches. All staff at the time of the audit had been trained in cross gender searches although currently it is not a concern since there are no female Youth Workers or Youth Worker Supervisors employed at Lake Cumberland YDC at this time. Facility policy also 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.

Recent facility modifications have resulted in the shower area being changed from open style to single stall showers to allow for privacy and the installation of convex mirrors to help account for blind spots. Toilets are individual stalls; however, despite these modifications, staff admit the area remains a constant challenge in maintaining youth safety. Staff members are posted in these areas when showers and/or bathrooms are in use. Both review of policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in the bathroom/shower areas of youth. None of the cameras field of view includes youth toilet/showers area.

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

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

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

Standard 115.317 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Staff authorize the checks, which in turn get sent to Central Office for processing with a copy staying in their personnel file at the facility. An email is later sent indicating whether there was a 'Record Found' or 'No Record'. The auditor contacted Central Office

staff to review the ten staff background checks selected to verify they had actually been cleared and when. All ten staff reviewed had NCIC background and Child Abuse and Neglect (CAN) registry checks completed. All ten cleared the NCIC checks with 'No Record'. Nine of ten CAN checks had 'No Record', but the remaining CAN check had 'Record Found'. Upon further review it was not a PREA-related issue and the employee was subsequently cleared and signed off by the Commissioner.

Standard 115.318 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Recent facility modifications have resulted in the shower area being changed from open style to single stall showers to allow for privacy and the installation of convex mirrors to help account for blind spots.

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 Lake Cumberland Regional Hospital, located in Somerset, Kentucky, at no cost to the resident or their family. If youth were in need of rape crisis support, staff would contact the Adanta Rape Crisis Center in Somerset, Kentucky. The facility has an MOU with the Kentucky Association of Sexual Assault Program's (KASAP), of which Adanta is associated. A counselor from that program would meet the youth at the hospital and accompany them through the process, if the resident preferred.

Standard 115.322 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.331 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.332 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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)

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Initial resident education is provided during the intake admission process. According to interviews with ten random juveniles and a review of their records following those interviews, PREA education was always provided within 24 hours of their arrival and most often within 4 hours. Residents are provided the PREA pamphlet in both English and Spanish. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

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

Posters displaying the phone numbers for the IIB's PREA Hotline and the Adanta Rape Crisis Center are visible to youth and staff at the main entrance, in the dorm, in medical, in the classrooms, and in the gym to name a few. Resident interviews confirmed that youth thoroughly 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)

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This standard is N/A. The facility does not conduct administrative or criminal investigations; however, staff will assist in providing the IIB and Kentucky State Policy with information upon request.

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)

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Medical and Mental Health staff receive specialized 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 both the initial and specialized trainings.

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. This was evident in the ten random juvenile interviews and record review following those interviews. All ten had been screened within 24 hours of their arrival. The screening consists of both youth interview questions and staff review of collateral information. Youth are assessed quarterly, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is re-conducted. Facility policy strictly controls the dissemination of information gathered from the screening on a "need to know" basis.

The three options with their Vulnerability Assessment Tool is Vulnerable Victimization, Sexually Aggressive, and Violent Aggressive. One juvenile was identified as being at risk for Vulnerable Victimization. Options are limited in a one unit dorm style setting with 2 isolations cells. If determined to be vulnerable, they house the juveniles near one of two desks where Youth Workers are assigned at night in a bunk bed but only assign that resident to the bunk. The options are similar for those who score as Violent Aggressive or Sexually Aggressive. The residents are divided into groups and another option is to ensure residents identified as potential victims are kept in separate groups than those that are identified as aggressive, violent or sexually. The PREA Coordinator is working with the PREA Compliance Managers statewide to develop additional options as well.

The assessment tool is currently in the process of being validated by the University of Kentucky. This auditor spoke with the PREA Coordinator to express concern that the item related to a resident's identification as gay, lesbian, bisexual, transgender,

or intersex and staff perception of the youth as gender non-conforming did not receive a value in the assessment score, but she indicated that is being accounted for by the University of Kentucky's process.

Standard 115.342 Use of screening information

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

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

The current housing, educational, and work assignment classification system is based on the screening, assessment, and collateral information gathered during the intake process to ensure each youth's safety and security. The facility has one dorm area with the capability of housing 40 youth. Education and treatment services are provided on site.

There were no residents who had identified themselves as lesbian, gay, bisexual, transgender, questioning, or intersex during the audit. Facility policy prohibits housing and related assignments based solely on sexual orientation or identification nor are they isolated. This was confirmed through staff interviews. Each youth's safety is paramount in making these assignments, regardless of other issues. The facility does not utilize isolation as a form of placement for LGBTQI youth.

Standard 115.351 Resident reporting

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

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

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

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, including the IIB and Kentucky State Police.

Standard 115.352 Exhaustion of administrative remedies

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

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

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

Standard 115.353 Resident access to outside confidential support services

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

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

The facility currently has an MOU with the KASAP agency, specifically the Adanta Rape Crisis Center in Somerset, Kentucky to provide victim advocate and supportive services to youth upon request. Posters containing both the IIB and rape crisis 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 encouraged to make phone calls to family members.

Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.361 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on a "need to know" basis in order to make treatment and related decisions.

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

Standard 115.362 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

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

Standard 115.363 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

While there has not been an allegation of sexual abuse at a prior facility in the previous 12 months, facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Kentucky law requires mandated reporters to report such an allegation to the 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 articulated with confidence the steps they are to take when responding to an incident of sexual abuse.

Standard 115.365 Coordinated response

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

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

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

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

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

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

T**his 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 would only gather information upon the request of those agencies that would conduct any administrative or criminal investigations.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

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

Standard 115.373 Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Facility policy requires the Superintendent or designee to inform the resident, 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. Furthermore, any contractor who engages in similar behavior will be subject to contract cancellation. The statewide PREA Coordinator stated during her interview that all substantiated findings would be reported to applicable licensing authorities.

Standard 115.378 Disciplinary sanctions for residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Lake Cumberland Youth Development Center's policy complies with all elements of this standard. There was one resident who reported prior sexual victimization upon intake while out in the community as a child and had been previously reported to the State. The resident denied the need for treatment and reported that he was asked by staff if he was interested in doing so, but refused.

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 at no cost to the resident or their family/guardian.

Standard 115.386 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.387 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.388 Data review for corrective action

☒Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.389 Data storage, publication, and destruction

☒Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The agency meets the requirements of this standard. DJJ has a public website 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.

Walter J. Krauss, Psy.D., USDOJ-Certified PREA Auditor 6-9-15

Auditor Signature Date