

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      April 25, 2021

### Auditor Information

<b>Name:</b> Robert Manville	<b>Email:</b> robertmanville9@gmail.com
<b>Company Name:</b> DX Consultants LLC	
<b>Mailing Address:</b> P.O. Box 55372	<b>City, State, Zip:</b> St. Petersburg, Fla. 33732
<b>Telephone:</b> 912-486-0004	<b>Date of Facility Visit:</b> 04/19- 4/20, 2021

### Agency Information

<b>Name of Agency:</b> Kentucky Department of Juvenile Justice			
<b>Governing Authority or Parent Agency (If Applicable):</b> Kentucky			
<b>Address:</b> 1025 Capital Drive; Third Floor		<b>City, State, Zip:</b> Frankfort, Ky 40601	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="http://djj.ky.gov/pages/prea.aspx">http://djj.ky.gov/pages/prea.aspx</a>			

### Agency Chief Executive Officer

<b>Name:</b> LaShana Harris	
<b>Email:</b> lashana.harris@ky.gov	<b>Telephone:</b> 502-892-3639

### Agency-Wide PREA Coordinator

**Name:** LaShana Harris

**Email:** lashana.harris@ky.go

**Telephone:** 502-892-3639

**PREA Coordinator Reports to:**

**Number of Compliance Managers who report to the PREA Coordinator:**

Cabinet Secretary

23

### Facility Information

**Name of Facility:** Lake Cumberland Youth Development Center

**Physical Address:** 900 Highway 1546

**City, State, Zip:** Monticello , KY 42633

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <http://djj.ky.gov/pages/prea.aspx>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Click or tap here to enter text.

### Facility Superintendent/Superintendent/Director

**Name:** William Huffaker,

<a href="mailto:WilliamP.Huffaker@ky.gov">WilliamP.Huffaker@ky.gov</a>	606-348-4201
--	--------------

**Facility PREA Compliance Manager**

**PREA Compliance Manager:** Chris Lovelace

<b>Email:</b> Chris.E.Lovelace@ky.gov	<b>Telephone:</b> 606-348-4201
---------------------------------------	--------------------------------

**Facility Health Service Administrator**  N/A

**Name:** Chris Ramsey

<b>Email:</b> christopher.ramsey@ky.gov	<b>Telephone:</b> 606-348-4201
---	--------------------------------

**Facility Characteristics**

<b>Designated Facility Capacity:</b>	40
<b>Current Population of Facility:</b>	12
<b>Average daily population for the past 12 months:</b>	14.75
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	13-17
<b>Average length of stay or time under supervision</b>	130
<b>Facility security levels/resident custody levels</b>	3
<b>Number of residents admitted to facility during the past 12 months</b>	56
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	56
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	56
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A
---	---

Number of staff currently employed by the facility who may have contact with residents:	48
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

<b>Physical Plant</b>
-----------------------

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	10
--	----

<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	40
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of open bay/dorm housing units:</b></p>	1
<p><b>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</b></p>	2
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p align="center"><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

## Investigations

### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting **CRIMINAL** investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), **CRIMINAL INVESTIGATIONS** are conducted by: *Select all that apply.*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for **CRIMINAL INVESTIGATIONS**: *Select all that apply (N/A if no external entities are responsible for criminal investigations)*

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: \_\_\_\_\_)
- N/A

### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting **ADMINISTRATIVE** investigations into allegations of sexual abuse or sexual harassment?

0

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), **ADMINISTRATIVE INVESTIGATIONS** are conducted by: *Select all that apply*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for **ADMINISTRATIVE INVESTIGATIONS**: *Select all that apply (N/A if no external entities are responsible for administrative investigations)*

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: **Internal Investigative Branch**  
**Kentucky Department of Juvenile Justice Ombudsman**)
- N/A

## Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

On March 8, 2021 Lake Cumberland Youth Development Center ( LCYDC) placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming.

The Lake Cumberland Youth Development Center was asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the center on April 4, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

The Kentucky Department of Juvenile Justice provides a range of services to sentenced, committed, probated, and detained youth and their families, creating opportunities for those youth to develop into productive, responsible citizens while enhancing public safety. Kentucky is able to serve youth in a variety of small programs designed to meet specific treatment needs. Lake Cumberland Youth Development Center provides for a staff secure facility with educational, vocational, group and individual counseling to carry out the goal of the Agency.

### **Site Review:**

The onsite audit of the center was conducted from April 19 through April 20, 2021 Immediately following the opening meeting, a tour of center was Lake Cumberland Youth Development Center was conducted by the PCM, Superintendent and support staff. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, 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 Victim Advocate 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). The center utilizes Adanta Sexual Assault Resource Center as the victim advocate. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was

assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Superintendent makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and Kentucky Department of Juvenile Justice PREA hotline.

### **Staff Interviews:**

The center is staffed by 48 persons. The facility Superintendent oversees the overall operations of the center. There are a minimum of two staff always assigned to the facility. The facility requires a minimum of one (1) direct care staff for 8 residents during always waken hours and a minimum ratio of one (1) direct care staff for 16 residents on duty at other times

A total of 16 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Nine (9) specialized staff were interviewed. The specialized staff included the Facility Superintendent, PREA Compliance Manager, Shift Supervisors, Education Lead Teacher, Education staff, Nurse, Administrative Assistant, and retaliation monitor. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee, Agency PREA coordinator and Agency contracting supervisor and staff with the Internal Investigative Branch. Telephone interviews were also conducted by staff at Wayne County Hospital, Inc. and Adanta Sexual Assault Resource Center for confidential emotional support.

### **Resident Interviews:**

At the time of the audit there were 12 residents assigned to the facility. All 12 residents were interviewed. None of the residents claimed history of victimization or were determined to be part of the targeted population. Compliance was determined by review all resident files and interviewing all residents.

### **Staff File Review:**

The auditor requested random personnel background checks and reviewed 8 employee training records two contractor files and two volunteer files. The employee records included three staff that had been employed at the facility more than 5 years, 2 of the staff were



promoted and 1 of the staff were employed in the last 12 months. Employment background check are completed and is maintained on file in the central office. The agency review the Kentucky Child Abuse registry prior to offering employment, promotion and following staff's five year tenure with the agency. This investigation and registry review includes staff that transfer from another facility or program. The contractor files had the same email indicating background clearance and contained PREA training documentation.

### **Resident Files:**

All resident files were reviewed. The resident's file contained documentation of Intake Screening, Intake PREA notification, rescreening and formalized PREA education. The facility completes a quarterly rescreening on all resident every three months throughout their stay at the center. All time requirements were met on each area.

### **Staff Training:**

The auditor requested some specific and some random training files for employees. Including in the specific list was training staff, Superintendent, PCM, Medical staff, Mental Health staff and five random monitors. All training records contained yearly training. Specialized staff had received yearly training specific to their duties.

### **Investigation Review:**

The facility did not have any present or previous investigative files. There has not been any PREA investigation during the last 9 years. The Kentucky Internal Investigative Branch non-criminal investigations involving staff, volunteers or contractors. Kentucky Department of Juvenile Justice Ombudsman conducts all non-criminal resident on resident sexual harassment investigations. Kentucky State Police conduct criminal investigations.

## **Facility Characteristics**

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Kentucky Department of Juvenile Justice provides a range of services to sentenced, committed, probated, and detained youth and their families, creating opportunities for those youth to develop into productive, responsible citizens while enhancing public safety. Kentucky is able to serve youth in a variety of small programs designed to meet specific treatment needs. Lake Cumberland Youth Development Center provides for a staff secure facility with educational, vocational, group and individual counseling to carry out the goal of the Agency.

After meeting with the Facility Superintendent, a tour of the facility was conducted. During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center. The tour revealed adequate staff coverage, and physical supervision. There are 48 staff employed at LCYDC.

The facility is located at 900 Highway 1546. In Monticello, Ky. The facility is a staff secure facility and is set in a wilderness program environment.

Upon arrival at the center, visitors are directed up a hill to the administrative building. There staff verify visitor’s credential, check their temperature and ask them Pandemic Protocol questions. The facility superintendent, support staff and facility treatment supervisor office is located in the administrative building.

Visitors are then escorted to the Main building. This building is staff secure with locked doors and cameras located throughout the building. During the review, whenever residents were in this building there was always a minimum of three staff assigned present. The center of the building is a large dormitory style housing unit. There are bathrooms with partitions, showers with curtains and wash basins located on either end of the dormitory. Residents are showers are conducted by male staff and only one resident showers at a time. There are no cameras in this area that show the toilets. Located at one end of the dormitory is a small medical area. There here are two single room located in one area in the back of the dormitory. Staff interviewed stated the rooms have not been utilized for sleeping residents in the last three years. A PREA bulletin board is located in the dormitory and in other areas of the facility. The bulletin board including Zero Tolerance, How to Report, how to contact the victim advocate and services they provide and notice of the audit. During the audit the center posted an additional reporting to the National Child Abuse Hotline. There are cameras located in all areas of the main building.

On one side of the main building are two education programs or classrooms. These include offices and classrooms. There are PREA information bulletin boards in each of the classrooms. There are cameras in each of the classrooms.

On the other side of the main building are two vocation programs. These areas also provided information on PREA. There are cameras in each of the vocational classrooms and shops.

The Educational Department is managed by the Wayne County School System. The education program is designed as a general classroom with the emphasis being on accelerating the resident’s educational program for plans to return to the public educational

program or receive enough credits to graduate from the local school program. The vocation program includes state of the art welding equipment for allowing residents to be tested and certified as welders. The other vocational programs for training resident to be carpenters and includes building program.

Located on the other side of the vocational programs is a full size gymnasium. Also in the same area are canoes, fishing poles and life jackets. On down the road past the gymnasium is a dock and boat ramp.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 6

**List of Standards Exceeded:**

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Standard 115.321: Evidence protocol and forensic medical examinations

Standard 115.331: Employee training

Standard 115.351: Resident reporting

Standard 115.353: Resident access to outside confidential support services and legal representation

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

### Standards Met

Number of Standards Met: **37**

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

## Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.311 (a)

- ✦ Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- ✦ Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- ✦ Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- ✦ Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- ✦ Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- ✦ If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- ✦ Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 900 Definitions  
DJJ 901 Zero Tolerance  
DJJ 902 Personnel Procedures  
DJJ 903 Prohibited Conduct  
DJJ 904 Contracted Residential Entities  
DJJ 905 Juvenile Vulnerability  
DJJ 907 Resident PREA Education  
DJJ 908 DJJ Response to a Report  
DJJ 909 Data Collection and Review  
DJJ 910 Facility Security Management  
DJJ 911 DJJ Staff PREA Education and Training  
DJJ 912 Sex Orientation and Gender Identity  
JD 32 8 Facility Security Management  
JD 32. 4 Juvenile Vulnerability Assessment Procedure  
JD 32.1 Zero Tolerance  
JD 32.2 Personnel Procedures  
JD 32.3 Prohibited Conduct of Staff Interns and Volunteers and Contractors  
JD 32.5 Reporting and Investigating PREA Violations  
JD 32.6 Resident PREA Education  
Agency Org Chart  
Facility Org Chart  
Agency Mission Statement

Kentucky Department of Juvenile Justice (DJJ) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of DJJ policy Chapter 9 Prison Rape Eliminations Act of 2003 (PREA) is to fully implement all standards and best practices for safe centers within DJJ. These policies provides the division's approach to preventing, detecting, and responding to such conduct, within DJJ.

The DJJ fundamental principles serves as a center piece in operating the agency. PREA is not seen as a facility role, however all staff from volunteers to the Agency Director have definitive roles in developing life skills for residents including developing appropriate boundaries for all staff and residents and supporting residents in this phase of their life. Resident's support

team includes community service providers, case managers, clinical supervisors, and advocacy services that are utilized as an extension of support for resident.

At Lake Cumberland Youth Development Center, everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. DJJ policies establishes that the division of youth services, all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Lake Cumberland Youth Development Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While housed at Lake Cumberland Youth Development Center there is no such thing as consensual sex, meaning no person regardless of age can “agree” to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident. Within this policy all references to sexual abuse includes sexual harassment, as appropriate.

Kentucky Department of Juvenile Justice employs an upper-level, agency-wide PREA Coordinator at the central office management division. The agency’s organizational chart depicts her position within the agency. DJJ mandate employee to oversee statewide agency efforts to comply with the PREA standards as set forth in this policy for all DJJ facilities.

DJJ mandate site specific employee designated to coordinate the facility’s efforts to comply with the PREA standards as set forth in this policy. A Youth Facility Superintendent shall serve in this role at each DJJ residential site. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all facilities. The PREA coordinator ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA. The PCM at LCYDC is also part of the Kentucky academy training team which includes system wide training on Mental Health issues and PREA.

Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency’s Standards of Conduct, is subject to disciplinary action, including termination. All

volunteers, vendors, contractors, and their representatives shall also comply with this policy or the working relationship/contract may be severed.

All claims of sexual assault will be immediately reported to the Kentucky Department of Juvenile Justice and when violation of law to local law enforcement agency.

Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at Lake Cumberland Youth Development Center that youth feel safe and comfortable to discuss protecting each other from sexual abuse or sexual harassment.

Exceed compliance was determined by review of multiple PREA policies, posters and interviews with staff and residents.

## **Standard 115.312: Contracting with other entities for the confinement of residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.312 (a)**

- ✦ If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.312 (b)**

- ✦ Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Contracts for the confinement of residents entered or renewed after August 20, 2012, or since the last PREA audit.

#### Statement of Fact

The PREA Coordinator provided a statement of fact that none of the Department contractual center will not have a population nor placement of over 50% DJJ Residents. The Contracting agreements were reviewed by the auditor the following documentation was found in each contract:

Comply with the Prison Rape Elimination Act (PREA), 34 U.S.C. §30301, et seq., and with all applicable PREA National Standards (28 C.F.R. Part 115), which can also be found at <http://www.prearesourcecenter.org>. 32.1.

Contractor shall also comply with all DJJ policies related to PREA, which can be found at <http://djj.ky.gov/Pages/Policy-Manual.aspx>.

32.2. Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations and Commonwealth PREA policies which in any manner affect performance under this Agreement.

32.3. Contractor agrees to self-monitor its activities and facilities for compliance with the PREA standards and Commonwealth policies.

32.4. Contractor acknowledges that in addition to the self-monitoring requirement, the Commonwealth will conduct announced or unannounced compliance monitoring that may include on-site monitoring visits. 32.5. If Contractor provides residential services for youth, and fifty (50) percent of the Contractor's population is youth committed to the Commonwealth, then the Contractor will also be subject to a Department of Justice (DOJ) PREA audit per the DOJ audit cycle.

32.5.1. All costs associated with the PREA audit shall be borne by the Contractor.

32.5.2. The Commonwealth will conduct a mock-audit prior to the DOJ PREA Audit.



The PREA coordinator interviews indicated that the contractor shall, in cooperation and collaboration with the state agency, and in addition to "self- monitoring requirement," assist with compliance monitoring which could be announced or unannounced and includes "on-site" monitoring. The contractor shall fully cooperate and collaborate with the state agency on all audits required under PREA.

Compliance was determined by review of the contract, telephone conversation with a contracting facility, and interview with Agency Contracting Officer.

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- ✦ Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
✦  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
  
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes

No

- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.313 (b)

- ✦ Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- ✦ In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- ✦ Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- ✦ Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- ✦ Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- ✦ Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA

- ✦ Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- ✦ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- ✦ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- ✦ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- ✦ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- ✦ Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- ✦ Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- ✦ Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 707 page: 1, 2/section: I. IV. A. B.  
DJJ 709 page: 1, 2/section: I. IV. A. B. C. D.  
DJJ 319 page: 1, 2/section: I. IV. A. 1. 2. 3. 4. 5. B. 1. 2. 3. 4. C. D.  
DJJ 319.1 page: 1, 2/section: I. IV. A. B.  
DJJ 910 page: 1, 2/section: I. IV. C. D. E. F. G. H. J. K. L.  
JD SOP 32 8 Facility Security Management  
115.313 b1 memo  
Staff to youth ratio docs  
JD SOP 32 8 Facility Security Management  
February 2021 Staffing Plan  
Staffing Plan Dev. Form  
DJJ 910 Facility Security Management  
Unannounced Tours  
Staffing Plan Development Process Form

DJJ Policies mandates that supervisor will conduct and document unannounced rounds. The policy also mandates that Facility Superintendent conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring.

Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred.

Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2019 & 2020 were found to be following this standard.

The staffing plan included:

- 1) Generally accepted detention and correctional/secure residential practices.
- (2) Any judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies.
- (4) Any findings of inadequacy from internal or external oversight bodies.
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).
- (6) The composition of the resident population.
- (7) The number and placement of supervisory staff.
- (8) Institution programs occurring on a particular shift.
- (9) Any applicable State or local laws, regulations, or standards.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

With LCYDC's capacity of 40 male youth, the following direct care staffing plan is followed:

- Youth Services Program Supervisor
  - 25 Youth Workers
  - 6 Youth Worker Supervisors
    - 12 staffing positions assigned to 1<sup>st</sup> shift
    - 11 staffing positions assigned to 2<sup>nd</sup> shift
    - 8 staffing positions assigned to 3<sup>rd</sup> shift

The facility did not report deviations from the staffing plan during the past 12 months. The staff to-youth ratios of a minimum of 1: 8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Lake Cumberland Youth Development Center utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA coordinator and Facility Superintendent it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard.

The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The Facility Superintendent provided a daily roster that indicates the staffing utilized during the prior 24 hours.

The Center's On call staff conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard.

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- ✦ Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- ✦ Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- ✦ Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- ✦ Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- ✦ Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- ✦ Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- ✦ Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- ✦ In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- ✦ Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- ✦ If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- ✦ Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- ✦ Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 714 Searches  
DJJ 715 Incident Reports

DJJ 912 Sex Orientation and Gender Identity  
General Directive 12-01  
JD 32 10 Sexual Orientation and Gender Identity  
DJJ 910 Facility Security Management  
115.315 d1 memo  
Cover sheet 315 f-1\_Training curricula  
Cross Gender Search  
Final Visual Search Policy  
cover sheet 315 f-1\_Training logs PREA Training sign in sheets + Acknowledgement  
DJJ Policy 5.8 Searches for Contraband  
DJJ Policy 9.6 Program Supervision  
DJJ Policy 9.18 PREA  
DJJ Policy 7.2 Standards  
General Practices 12/01

Agency policies allow for frisk searches. Frisk Searches shall be utilized during admission, upon return from temporary release, whenever a youth is suspected or rumored to have contraband. Frisk searches or metal detector swan searches will be conducted by the staff of the same gender of the resident. There will be an additional staff member observing the frisk search. This staff member does not have to be the same gender of the resident. All searches shall be documented. Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months. Policy mandate that strip or cavity searches may be conducted. Cavity Searches can only be conducted by medical personnel. Strip Searches shall be utilized prior to admission into the general population of the detention facility when there is reasonable suspicion that the youth is in possession of contraband or at any time there is a reasonable suspicion that a youth possesses hard contraband such as a weapon. Strip Searches shall be conducted in a private area by two same sex staff and shall be performed with consideration for the youth's dignity and feelings. When a strip search is performed, clothing and shoes worn by the youth shall also be searched. Strip Search of a youth shall be approved in advance by the Superintendent, or by the Assistant Superintendent in the absence of the Superintendent. Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandate that the center shall document and justify all searches.

All residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts except in the case of an emergency, by accident. All toilets have doors, and all showers have curtains. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff announce their presence when entering a housing unit.



A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process.

A review of the staff training plan includes searching residents techniques and standards required to be utilized prior to conducting cross gender visual searches. All staff are trained on conducting cross gender frisk searches and searching transgender or intersex residents in a professional manner. Interview with random staff confirmed they had received training on searching techniques. All the random interview staff confirmed that there have been no strip searches during the last 12 months. Compliance was determined by review of the training plan, interviews with staff and residents.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.316 (a)**

- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No

- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (If "other," please explain in overall determination notes.)  Yes  No
- ✦ Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- ✦ Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- ✦ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- ✦ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- ✦ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- ✦ Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- ✦ Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

- ✦ Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 404.1 Admission Screening for Physical and Mental Challenge

DJJ 702 Intake, Reception and Orientation

DJJ 723 Health Services

DJJ 907 Resident PREA Education

DJJ 911 DJJ Staff PREA Education and Training

DJJ Policy 205 Youth Rights

Language Services MOA

Translation Documentation Procedures

Trifold Spanish

PREA Youth Education

Brochure

LCYDC - Resident Handbook 2019

LCYDC - Spanish Handbook 2019

Cover sheet 316 a-1\_written material

Community Flyer

DJJ includes policies and directives that residents with disabilities and residents who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided

in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:

The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The supervisor will notify the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. The center has contract with sign language interpretation, English as a second language interpreters, and written translation services. All staff indicated they would not utilize resident to provide interpretation services.

Compliance was determined by review of the MOUs and contracts with above, interviews with random staff and review of documented training programs utilized for resident education.

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- ✦ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- ✦ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- ✦ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- ✦ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

Yes  No

- ✦ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- ✦ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- ✦ Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- ✦ Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (c)

- ✦ Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- ✦ Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- ✦ Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- ✦ Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- ✦ Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- ✦ Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- ✦ Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- ✦ Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- ✦ Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- ✦ Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- ✦ Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Initial background example  
DJJ 106.3 Background Check  
DJJ 134 Records Requests  
DJJ 902 Personnel Procedures  
DJJ 906 Reporting and Investigating PREA Violations  
Contractor Background Emails  
DJJ 102 Staff Code of Ethics  
DJJ 134 Records Requests  
JD 32.2 Personnel Procedures  
PREA Requirements for DJJ Staff  
KRS 61.872 Right to inspection – Limitation

DJJ shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
4. DJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.
5. Before hiring new employees, who may have contact with youth, the division shall adhere to DJJ 106.3 Background Check
6. DJJ shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors every five (5) years, or sooner, if DJJ is made aware of a criminal offense that may have been committed by an employee. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. DJJ shall require the following background checks on all DJJ staff,

volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ:

1. Criminal background or records check.
2. Sexual offender registry check; and
3. Child abuse and neglect registry check.

DJJ shall require a check of licenses and certifications on all staff who are required by the classification specification to have or maintain a license or certification. The Personnel Branch shall complete a background check on each staff, intern, contracted staff, and volunteer prior to the completion of the first thirty (30) days of duty or, in the case of Youth Worker (YW) staff, prior to the completion of the Training Academy. The Commissioner shall make the final decision on all positive results from the background check.

DJJ policy mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The auditor requested background verification for staff hired in the last year, staff that had five years or more tenure at the facility and staff that were promoted. The agency provided an email from Central office Personnel that provided the date of the five year background checks were completed including NCIC and the Child abuse registry. The agency conducts background check and child abuse registry reviews during every 3 and 4 years to make certain that everyone has had a background check and registry review prior to their 5 year tenure. Compliance was determined by review of personnel and PREA policies, review of the background and child registry checks on randomly selected staff, interview of the PREA Coordinator, Facility Superintendent, and Personnel Staff.



## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- ✦ If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.318 (b)

- ✦ If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Memo of Clarification

Since the last PREA audit there have been no modification of the camera system at Lake Cumberland

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- ✦ If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- ✦ Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- ✦ Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- ✦ Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- ✦ Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- ✦ If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- ✦ Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- ✦ Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- ✦ If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- ✦ Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- ✦ As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- ✦ As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- ✦ If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- ✦ Auditor is not required to audit this provision.

#### 115.321 (h)

- ✦ If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 402 Access to Treatment  
DJJ 404.6 Emergency Medical Services  
DJJ 404.8 Hospital Care  
DJJ 408.1 Forensic Information  
DJJ 723 Health Services  
DJJ 908 DJJ Response to a Report of a PREA Violation  
General Directive 10-02  
JD 32.7 LCYDC Response to a Report of a PREA Violation  
DJJ 404.6 Emergency Medical Services  
Emergency Services Waiver  
Hospital lists refer SANE staff  
Hospital list pre facility  
KASAP DJJ MOU Signed 08262020  
KASAP RegionalMap\_Dec2018\_KASAP-8-5x14-01  
KASAP SPOC List 2020  
IIB Policies and Protocols

DJJ policy includes upon learning that a resident may at substantial risk of imminent sexual abuse or has been sexually abused, immediate corrective action shall be taken which shall include the protections of the resident(s).

All staff (including medical and mental health practitioners) shall report sexual abuse to the Facility Superintendent and notify PREA Coordinator by the "Hot line for reporting". All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally or administratively.

Kentucky Department of Juvenile Justice DJJ 908 DJJ Response to a Report of a PREA Violation contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. As requested by the victim, the victim's parent(s)/guardian(s), a victim advocate, or a trained or licensed DJJ direct care employee such as a Clinical Coordinator shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Kentucky Department of Juvenile Justice does not conduct their own investigations of sexual abuse and harassment. Internal Investigative Branch investigates sexual abuse/harassment of staff, volunteers, and contractors for DJJ. The Department of Justice ombudsman investigates resident on resident sexual harassment that does not rise to the level of criminal acts. In cases that are criminal in nature the facility superintendent would contact the local law enforcement. In other cases, the Internal Investigative Branch would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. Kentucky Department of Juvenile Justice has requested investigative unit follow 115.21 b standards in investigating sexual abuse or sexual harassment. Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, hotline or by using the center grievance process. A review of an investigation included all areas of this standard. There will be no time limit on when an allegation of sexual abuse can be reported.

The agency does have a MOU with Kentucky Association of Sexual Assault Program (KASAP). This MOU includes advocacy services and emotional support services. ADANTA Sexual Assault Resource Center provides these services for LDYDC. The Victim's center director was contacted and provided a review of the program and services available to residents at Lake Cumberland Youth Development Center at no cost to the resident. The Advocacy program was awfully familiar with the Lake Cumberland Youth Development Center program. She verbally provided qualification of advocacy staff at the program and the services they provide to residents at Lake Cumberland Youth Development Center. All residents are provided a pamphlet from the ADANTA program that includes mailing addresses and phone numbers. The facility has a MOU with Wayne County Hospital. The medical center staff

interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with KASAP.

Exceed compliance was determined through the review of MOU with KASAP, Medical Center and memorandum from facility. Reviews of policies also contributed to the finding of exceed compliance. Interviews with Mental Health Provider, Medical Administrator, the ADANTA center staff and Medical Center also provided exceed compliance with this standard.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- ✦ Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior?  Yes  No
- ✦ Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- ✦ Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- ✦ If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)  Yes  No  NA

#### 115.322 (d)

- ✦ Auditor is not required to audit this provision.

#### 115.322 (e)

- ✦ Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations  
IIB Intake DJJ 2812-19  
Investigation 2812-19  
DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ PREA Website  
IIB website

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All staff are required to refer all alleged incidents of sexual abuse, harassment, or misconduct to Internal Investigative Branch for investigation and determination of child abuse. Additionally, all staff refer all allegations of sexual abuse and harassment to the Central Office and complete the DJJ Mandatory Reporting form. The DJJ PREA policy describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Kentucky DJJ's website. This information is available in both English and Spanish. Further the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. Staff including the Facility Superintendent and residents indicated that any allegations that are received by residents, staff, volunteers, or contractors would be "Hot Line" by the person with the most information when possible. Compliance was verified by reviewing

policies, procedures, agency website and interviews with agency designee, Facility Superintendent, Investigator from IIB staff and residents.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- ✦ Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents?  Yes  No
- ✦ Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No



- ✦ Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- ✦ Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- ✦ Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
 Yes  No
- ✦ Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- ✦ Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- ✦ Have all current employees who may have contact with residents received such training?  
 Yes  No
- ✦ Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- ✦ In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

- ✦ Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 500 Definitions

DJJ 501 Training and Staff Development

DJJ 502.1 Field Training Instructor Program

DJJ 503 In-Service Training

DJJ Training Curriculum

DJJ 504 Registration- Record-Outside Training & Request

DJJ 505 Training Requirements

DJJ 506 Training Academy Operations

DJJ 911 DJJ Staff PREA Education and Training

PREA ANNUAL STAFF TNG 2019000

PREA Phase Trainings & Policies

Phase 1 Acknowledgement Forms

Phase 2 Acknowledgement Forms

Phase 3 Acknowledgement Forms

Phase 3 new staff acknowledgement form

Phase 4 Acknowledgement Forms

Phase 5 Acknowledgement Forms

Phase 8 Acknowledgement Forms

Phase 10 Acknowledgement Forms

Cross Gender and Transgender Pat Down Searches training acknowledgement

PREA review

DJJ Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the residents will be trained on:

1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Residents' right to be free from sexual abuse and sexual harassment.

4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment juvenile facilities.
6. The common reactions of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.
12. Cross Gender and Transgender Pat Down Searches

All new employees sign the “Acknowledgement of New Hire Orientation PREA Training” form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training.

At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various online trainings. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.

The center provides a power point presentation of the training program provided to staff. The power point presentation provided all the information noted in the policy. The Lake Cumberland Youth Development Center also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs.

The agency has added a video training program on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training.

At the facility, it was evident through documentation, interviews, and observation of the day to day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. The PCM provides mental health and PREA training to new staff at the DJJ training academy.

A review of the training records of 10 staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy.

Based on the wealth and depth of training provided to staff and interviews with staff the center exceeds expectations for training staff on a continuous basis. The training curriculum includes the mandated training but also additional training that is provided by mental health professional staff.

## Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.332 (a)

- ✦ Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- ✦ Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- ✦ Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Volunteers and General Contractors Training

Contractor Phase One Training

DJJ 901 Zero Tolerance

DJJ 903 Prohibited Conduct of Staff Interns Volunteers & Contracted Staff

DJJ 911 DJJ Staff PREA Education and Training

Volunteer Phase One Training

Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. Full-time contract staff with resident contact shall comply with the same. All volunteers, interns and contractors receive the PREA training and view the "Keeping Our Kids Safe" video that includes policies, PREA definitions, reporting requirements and other required procedures. All volunteers, interns and contractors receive and sign an acknowledgement form upon completion of the PREA training they received. The training consists of a power point presentation that includes policies, PREA definitions, reporting requirements and other required procedures.

The PREA Compliance Managers supervises or coordinates volunteer and contractors training and background check. The Wayne County School system staff provides education programs at the center. The onsite supervisor provided the training acknowledgement sheets for all staff. Interviews with teachers verified they had received the training and knew their duties as first responders. A review of the contractor files maintained by the administrative assistant contained email verifying background checks and documentation of PREA training. Compliance was determined by review of the center policy, review of contractor files and interview PCM and Facility Superintendent.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- ✦ During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- ✦ During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- ✦ Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- ✦ Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- ✦ Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- ✦ Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- ✦ Have all residents received the comprehensive education referenced in 115.333(b)?  
 Yes  No
- ✦ Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

- ✦ Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- ✦ Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No

- ✦ Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- ✦ Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- ✦ Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- ✦ Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- ✦ In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 907 Resident PREA Education  
 PREA Education material  
 DJJ 702 Intake, Reception and Orientation

LCYDC - Resident Handbook 2017-18 Revised 2-14-17 (2)  
PREA acknowledgements

DJJ 907 Resident PREA Education mandate that PREA information, both orally and in writing for residents to receive comprehensive age-appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/ counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements.

Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. At LCYDC the counselor provide and nurse provide the initial screening and the initial PREA informational training during the intake process. The counselor then meets with the residents to discuss the program objectives, answer his questions, and then complete the formal PREA comprehensive training. The comprehensive training includes all element of the PREA standards. During this training, the residents goes on a tour and is shown where the PREA telephone is located. All posters are reviewed with the resident. Residents are provided with a brochure from the victim advocate group and staff read the brochure to the residents. Throughout the stay at the center, residents receive training on PREA quarterly. All residents new the name of the victim advocate groups, how to contact them and the services they would



provide. Compliance was confirmed by review of the training curriculum, interview with direct care staff, Facility Superintendent, and residents.

A review of eight (8) resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an "Admissions Checklist" form and document the intake information on a progress note. An interview with the PREA Compliance managers and documentation confirmed PREA education is provided to all residents upon arrival to the facility and monthly. All resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. Further compliance was determined review of center policy, and language line services and training materials. Further compliance was determined by review of resident records and interviews with residents. A discussion with several of the residents validated how residents utilize the training module to address such things as inappropriate words that tend to exasperate sexual harassment.

### Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.334 (a)

- ✦ In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
 Yes  No  NA

#### 115.334 (b)

- ✦ Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- ✦ Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- ✦ Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- ✦ Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### 115.334 (c)

- ✦ Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)  
 Yes  No  NA

### 115.334 (d)

- ✦ Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 140 Reporting of Special Incidents  
DJJ 906 Reporting and Investigating PREA Violations  
Basic Investigations  
Memo of Clarification  
DJJ 133 Ombudsman  
Cover sheet 334 a-1\_Training Curriculum

The Department of Juvenile Justice does not conduct any form of administrative or criminal sexual abuse investigation. The Department of Juvenile Justice does conduct resident on resident sexual harassment investigations through the Office of the Ombudsman. All other

PREA related incidents or allegations or investigated by the Internal Investigative Branch. All IIB Investigators undergo an extensive training prior to conducting administrative investigations which includes the “Basic Investigation Training” requirement. Documentation review contained the training certificates and training history report of IIB confirmed completing the required initial and annual investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiate a case for administrative or prosecution referral. Also, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary, refer the information to the Kentucky State Police (KSP) for further investigation for the determination of criminal charges.

Information obtained through the investigator interview and training records of investigator documents compliance with this standard.

## Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.335 (a)

- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.335 (b)

- ✦ If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
 Yes  No  NA

### 115.335 (c)

- ✦ Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.335 (d)

- ✦ Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- ✦ Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 404.3 Health Assessment and Physical Examination  
DJJ 404.3 Health Assessment and Physical Examination  
DJJ 408.1 Forensic Information  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 911 DJJ Staff PREA Education and Training  
JD 32.9 LCYDC Staff PREA Education and Training  
Nurse Phase Six Training  
PREA Phase 6 Medical-Mental Health 1  
New Nurse Practitioner Training Acknowledgements and Training Sheet  
PREA annual review  
Training Event Attendance Sheet  
Signed training docs  
Statement of Fact

JD 32.9 LCYDC Staff PREA Education and Training mandates the medical and mental health staff (employee and contract) at the facility and are required to complete the basic PREA training and the specialized training for medical and mental health staff as required by KYDJJ. Documentation review confirmed both medical and mental health staff completed the initial required training (Phase 1 – PREA training and Phase 6 - Specialized Training: PREA Medical and Mental Care Standards curriculum). Both medical and mental health staff signed the “Acknowledgement of Phase 1 PREA Training” and “Acknowledgement of Phase 6 PREA Training” forms confirming completion of both annual trainings.

In addition to the Zero Tolerance Policy, all full- and part-time medical and mental health care practitioners will be trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.
6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.
7. Lake Cumberland Youth Development Center medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency for in conducting the investigation.

The facility Nurse and Mental Health staff provided training records indicated they had attended medical specialized training. A review of the certification confirmed that the staff have received specialized training. Interview with the Nurse and Psychologist and training file confirmed that they have attended specialized training.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.341: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.341 (a)**

- ✦ Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- ✦ Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### **115.341 (b)**

- ✦ Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### **115.341 (c)**

- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No

- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- ✦ During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- ✦ Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- ✦ Is this information ascertained during classification assessments?  Yes  No
- ✦ Is this information ascertained by reviewing court records, case files, facility behavioral records? and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- ✦ Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics  
DJJ 132 Privacy of Health Information  
DJJ 149 Information Systems  
DJJ 702 Intake, Reception and Orientation  
DJJ 705 Individual Client Records  
DJJ 905 Prison Rape Elimination Act of 2003 (PREA)  
Sample Booking/Screening  
Instructional Video PDF  
Quick Guide to administering the VSPA  
VSPA-S-PDF

The Kentucky Department of Juvenile Justice has developed a seamless system to provide youth in the State a Kentucky the best possible program to succeed. The Facility Superintendent meets with the resident in an informal setting to discuss the facility program and conducts the initial screening utilizing the PREA vulnerability review.

DJJ 702 Intake, Reception and Orientation mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. "The Victimization and Sexual/Physical Aggression Screener" (VSPA-S) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as



reviewed court records and case files. Also, policies require all residents to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Requires intake screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be (LGBTQI) or gender nonconforming. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The facility's policy limits staff access to this information on a "need to know basis". Also, prohibits the discipline of any resident for refusing to answer screening questions.

Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.

Resident assigned to the Development Center receive a rescreening a minimum to two times per year. However, periodically throughout the resident's confinement information is obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Information is gathered through staff conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff. This information will be placed in the resident's file and relayed to the Facility Superintendent and team leader on duty. If warranted, the supervisor will notify the Facility Superintendent to determine if further action is necessary. If residents indicate they have a history of sexual victimization the facility will enter a Hotline report and notify the resident's clinical supervisor and case manager. There was one resident that claimed history of victimization during the resident interviews.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- ✦ Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No

- ✦ Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- ✦ Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- ✦ Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- ✦ Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- ✦ Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- ✦ During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- ✦ During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- ✦ Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- ✦ Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

- ✦ Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- ✦ Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- ✦ Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- ✦ Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- ✦ When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- ✦ When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- ✦ Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

- ✦ Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- ✦ Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- ✦ If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

- ✦ If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

### 115.342 (i)

- ✦ In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Sample of a completed assessment

DJJ 717 Discipline

DJJ 905 Juvenile Vulnerability Assessment Procedure

DJJ 908 DJJ Response to a Report of a PREA Violation

JD 17 5-Rules and Discipline, Disciplinary Procedures-approval

JD 32. 4 Juvenile Vulnerability Assessment Procedure

JD 32.7 LCYDC Response to a Report of a PREA Violation

JD 17 3-Rules and Discipline, Discipline and Special Management-approval

DJJ 912 Sex Orientation and Gender Identity

## Memo of Clarification

All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.

This facility does not house residents in isolation for a means of protective custody.

Lake Cumberland Youth Development Center has three dormitories when the center has average populations to provide alternative for separation from other residents or staff. The Facility Superintendent and program supervisor will develop a plan of action to keep the resident safe. This can include moving to a facility to other Youth Centers, releasing to home confinement or holding resident in private office with staff one on one supervision until appropriate remedies can be assessed and implemented. Even during any period of separation from other residents, residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents separated from other residents shall receive daily visits from a medical or mental health care clinician.

Lesbian, gay, bisexual, transgender, questioning or intersex (LGBTQI) residents shall not be placed housing, bed, or other assignments solely based on such identification or status, nor shall agencies consider LGBTQI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex residents shall be given the opportunity to shower separately from other residents.

The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and Facility Superintendent interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Superintendent indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis. Compliance of this standard were determined by review of the screening instrument, interviews with medical and mental health staff, and facility superintendent.

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- ✦ Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- ✦ Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- ✦ Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- ✦ Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- ✦ Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- ✦ Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

#### 115.351 (c)

- ✦ Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- ✦ Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- ✦ Does the facility provide residents with access to tools necessary to make a written report?

Yes  No

- ✦ Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 205 Youth Rights 040519  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 907 Resident PREA Education  
LCYDC Spanish Handbook 2019  
LCYDC Resident Handbook 2019  
JD 18 2 Rules and Discipline, Grievance Procedure-approval  
DJJ 140 Reporting of Special Incidents  
DJJ 205 Youth Rights  
DJJ 720.6 Family and Community Contact  
JD 32.5 Reporting and Investigating PREA Violations  
KRS 15A.020 2020  
KRS 620.030 2020  
DJJ 715 Incident Reports  
DJJ 908 DJJ Response to a Report of a PREA Violation  
Grievance Form  
IIB Intake Report DJJ 2812-19

The above policies, MOUs and External reporting mechanism identified the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are IIB hotline, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the Ombudsman Office receives and forward reports of sexual abuse and sexual harassment to KYDJJ officials, allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the IIB hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents.

Residents have the right to privately report sexual assault, abuse, harassment or retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to Direct Care Staff, Volunteer, Intern, Supervisor, PREA Compliance Manager, and Assistant Regional Administrator.

Kentucky Department of Juvenile Justice' youth are provided a youth handbook which includes the Child Abuse and Neglect hotline numbers: and a link to DJJ internet site <http://djj.ky.gov/pages/prea.aspx> . Residents have access to the hotline phone and are shown the phone during the initial tour of the facility.

Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, Facility Superintendent or the PREA compliance manager.

Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the Child Abuse hotline. Staff and Facility Superintendent confirmed that staff may report directly to the Facility Superintendent and he will coordinate with the staff to call the Child Abuse Hotline. However, it is the responsibility of the staff that receive or witness this action to assist the resident in making the call or for making the call to the child abuse hotline. All residents knew their responsibility to report any allegations of sexual abuse or sexual harassment, including observation of such action by staff or other residents. During the audit the center added an additional national child abuse hotline brochure to all bulletin boards.

Compliance was determined by review of posters, policy, and interview with staff, and residents.



## Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.352 (a)

- ✦ Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
 Yes  No

### 115.352 (b)

- ✦ Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (c)

- ✦ Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (d)

- ✦ Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- ✦ At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- ✦ Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- ✦ Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- ✦ Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- ✦ Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- ✦ After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- ✦ After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- ✦ After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- ✦ Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- ✦ Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- ✦ Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.352 (g)

- ✦ If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 706 Grievance Procedure  
 DJJ 140 Reporting of Special Incidents

DJJ 906 Reporting and Investigating PREA Violations  
DJJ 702 Intake, Reception and Orientation  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 908 DJJ Response to a Rep of a PREA Violation  
DJJ 209 Youth Access to Outside Investigative Agencies 04172015  
KRS 15A.020 2020  
DJJ 205 Youth Rights

DJJ 706 Grievance Procedure and DJJ 906 Reporting and Investigating PREA Violations allows a resident to submit a grievance regarding an allegation of sexual abuse with the following stipulations:

- There is no time limit for reporting allegations.
- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse,
- Permitted to file such requests on behalf of residents.
- Allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If a resident decline to have the request processed, the facility will document the residents' decision.
- Prohibits the requirement a resident must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse.
- Allows a resident to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint.
- Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by residents preparing any administrative appeal
- Allows the department to claim an extension of time to respond to a grievance up to seventy (70) days, with notification to the resident.
- Establishes an emergency grievance for a resident subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days.
- Prohibits the discipline of a resident for filing a grievance related to sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith.

The policy describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance box located in living/multi-purpose area of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff

member involved in the allegation. The Juvenile Facility Superintendent will review the complaint immediately and advise the resident of the outcome or status of the investigation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. The facility's protocol indicated when a resident submits a grievance relating to sexual abuse or sexual harassment or sexual misconduct staff will immediately report the alleged details of the allegation directly to their supervisor, Juvenile Facility Superintendent, and IIB hotline. The Juvenile Facility Superintendent will contact the KYDJJ Regional Director, KYDJJ PREA Compliance Manager, and KYDJJ Commissioner. A grievance regarding a PREA allegation is forwarded to the IIB for an investigation. Allegations of sexual harassment by other residents are investigated by the Ombudsman's office.

There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by residents in which the resident declined third-party assistance

Compliance was determined by review of policy and grievance logs, as well as an interview with the PREA compliance manager and residents.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.353 (a)**

- ✦ Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- ✦ Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- ✦ Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.353 (b)**

- ✦ Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- ✦ Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- ✦ Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- ✦ Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- ✦ Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Blank mail log  
LCYDC - Spanish Handbook 2019

KASAP SPOC List 2020  
DJJ 908 DJJ Response to a Report of a PREA Violation  
LCYDC - Resident Handbook 2019  
DJJ 720 Programs and Services  
DJJ 205 Youth Rights 040519 DJJ 132 Privacy of Health Information  
KASAP DJJ MOU Signed08262020  
DJJ 121 Youth Access to Courts, Attorneys and Law Enforcement Officials  
DJJ 205 Youth Rights 040519  
DJJ 720.6 Family and Community Contact  
JD 18 1-Rules and Discipline, Access to Courts, Counsel, communications-approval  
SOP 310 Family community, mail, phone, visit  
Service Provider brochures (2)  
Telephone log

The agency does have a MOU with Kentucky Association of Sexual Assault Program (KASAP). This MOU includes advocacy services and emotional support services. Lake Cumberland Youth Development Center utilizes the services of Adanta Sexual Assault Resource Center. The center's director was contacted and provided a review of the program and services available to residents at Lake Cumberland Youth Development Center at no cost to the resident. The Advocacy program was awfully familiar with the Lake Cumberland Youth Development Center program. She verbally provided qualification of advocacy staff at the program and the services they provide to residents at Lake Cumberland Youth Development Center. The agreement allows resident to victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers. The center has a posting throughout the center of outside support services available to residents. The child center advocacy services provide trained staff to support residents that request emotional support services. The advocacy services information is provided to resident that claim history of sexual victimization. Prior to the pandemic the victim advocate program routinely provided training with residents and staff at the center. The advocate staff new the name of many of the staff at the facility and had provided training with the staff on several occasions. The center has visitation schedules for all parents and guardians and residents can call their parents several times a week. Attorneys are provided private areas to meet with residents. All services for advocacy services, attorney visits and child victimization must comply with State and Federal laws of reporting of child abuse. Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Director of the ASARC center.

## **Standard 115.354: Third-party reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

## 115.354 (a)

- ✦ Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- ✦ Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations  
JD 32.5 Reporting and Investigating PREA Violations  
DJJ PREA Website  
IIB Website  
PREA Brochure  
Posted Information  
Memo of Clarification 115.354 a-1  
SOP 906 Reporting

DJJ shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DJJ Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual



harassment, or victimization of any kind to report it promptly through the Internal Investigations Branch (IIB) within the Justice and Public Safety Cabinet. The Justice Cabinet, Kentucky Department of Juvenile Justice & Internal Investigations Branch websites provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Compliance Manager or the Internal Investigations Branch Office. This information is reported directly to the State-wide PREA Compliance Manager who will inform the Juvenile Facility Superintendent. Both DJJ and IIB maintain a website for third party reporting. Reporting Posters were in the visitation room and the main lobby of the facility. Compliance was determined by reviewing the DJJ and IIB website and interviews with random staff and residents as well as review of policies and posters.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- ✦ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- ✦ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- ✦ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- ✦ Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- ✦ Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- ✦ Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- ✦ Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- ✦ Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- ✦ Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- ✦ If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians?  Yes  No
- ✦ If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- ✦ Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics  
DJJ 140 Reporting of Special Incidents  
DJJ 205 Youth Rights 040519  
DJJ 705 Individual Client Records  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 911 DJJ Staff PREA Education and Training  
JD 32.5 Reporting and Investigating PREA Violations  
DJJ 140 Reporting of Special Incidents  
DJJ 104 Code of Conduct  
DJJ 321 Incident Reporting  
DJJ 328 Individual Client Records 040519  
SOP Related to above policies and directives.

DJJ 906 Reporting and Investigating PREA Violations and DJJ Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Upon receiving any allegation of sexual abuse, Facility Superintendent promptly reports allegations to the Agency PREA coordinator and to Internal Investigative Branch. Medical and Mental Health staff interviewed confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality

The Facility Superintendent will also notify the parent/legal guardianship of the child welfare system and the Case Service provider and mental health director. If a juvenile court retains

jurisdiction over the alleged victim, the Facility Superintendent designee also reports the allegation to the juvenile’s attorney or other legal representative.

DJJ policy mandates and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

There is a PREA reference/education binder located in master control containing the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident. There is a PREA first responder box (PREA Kit) located in master control that contains yellow caution tape, a digital camera, logbook, a copy of the PREA first responder checklist and a clipboard with a log to track who is using the items in the box. Interviews with the medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Compliance was determined by review of policies, training module, and interviews with direct care staff first responders that are not direct care staff, the Facility Superintendent and the agency head designee and the PREA coordinator.

## Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.362 (a)

- ✦ When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation  
JD 32.7 LCYDC Response to a Report of a PREA Violation  
LCYDC First Responder Plan  
Memo of Clarification 115.362 a-2  
PREA First Responder Checklist  
SOP 908.1 First responder  
Statement of Fact

DJJ 908 DJJ Response to a Report of a PREA Violation requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the Facility Superintendent, team leader or assistant regional director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been no instances where residents were at imminent danger of sexual abuse. Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the Facility Superintendent.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- ✦ Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- ✦ Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- ✦ Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- ✦ Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- ✦ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics  
DJJ 140 Reporting of Special Incidents  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 908 DJJ Response to a Report of a PREA Violation  
JD 32.5 Reporting and Investigating PREA Violations  
Statement of Fact  
Memo of Clarification

An interview with Facility Superintendent and the PCM and memorandum dated 02/20/20 indicated per policy an allegation made whereby a resident was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. The Facility Superintendent indicated she had received no allegations a resident was abused while confined at another facility or were there any allegations received from another facility during

the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- ✦ Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- ✦ Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- ✦ Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- ✦ Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- ✦ If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation  
LCYDC First Responder Plan  
JD 32.7 LCYDC Response to a Report of a PREA Violation  
Memo of Clarification 115.364 a-1  
SOP 908 response to violation  
SOP 908.1 First responder

The center trains all staff on first responder duties. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. The alleged perpetrator is kept physically separated from the alleged victim; ensure that alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation; Secure the crime scene (the victim and the perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom, until an investigator arrives on the scene); and document the incident. Based on the age of the victim the agency has a flow chart of staff actions to report and refer to investigative units. Interviewed non-security staff who may act as a first responder were familiar with the duties. All responders indicated they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. There was no allegation of sexual abuse during the last 12 months.

Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including the administrative assistant that does not deal directly with resident.

### **Standard 115.365: Coordinated response**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



## 115.365 (a)

- ✦ Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

LCYDC First Responder Plan  
Action Plan LCYDC  
JD 32.7 LCYDC Response to a Report of a PREA Violation  
DJJ 908 DJJ Response to a Report of a PREA Violation  
SOP 908.1 First responder  
SOP 908 response to violation  
SART supply box pic

Kentucky DJJ Facility Manuals includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The center has published "Coordinated Response to Allegation of Sexual Abuse". Kentucky Department of Juvenile Justice (DJJ 908 DJJ Response to a Report of a PREA Violation provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff, and contract medical and mental health professionals. LCYDC has a system in place providing the staff with clear actions to be taken

by staff including contacting administrative staff, medical and mental health staff, contacting IIB and law enforcement, victim advocate services, & parent/guardian and several other individuals. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation. There was no allegation of sexual abuse that included staff on residents. Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, nurse, shift supervisors, PREA compliance managers and PREA coordinator.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.366 (a)**

- ✦ Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.366 (b)**

- ✦ Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

#### Collective Bargaining

Pursuant to 28 C.F.R. 115.366 of the Federal Prison Rape Elimination Standard (PREA), please be advised that the Kentucky Department of Juvenile Justice (KYDJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. The KYDJJ does not allow an entity to restrict the department's ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted. Memo provided the auditor and interviews with the KYDJJ Commissioner/PREA Compliance Manager, the auditor has determined the facility meets the requirements of the standard.

### Standard 115.367: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- ✦ Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- ✦ Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

- ✦ Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.367 (c)

- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No

- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff?  Yes  No
- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff?  Yes  No
- ✦ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- ✦ In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- ✦ If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- ✦ Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

- DJJ 908 DJJ Response to a Report of a PREA Violation
- DJJ 907 Resident PREA Education
- DJJ 906 Reporting and Investigating PREA Violations
- DJJ 205 Youth Rights 040519
- DJJ 140 Reporting of Special Incidents

DJJ 908 DJJ Response to a Report of a PREA Violation establishes for protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth, or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. At Lake Cumberland Youth Development Center, the PCM and Facility Superintendent providing monitoring. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation. Compliance was determined by review of policy, retaliation monitoring forms, interview retaliation monitor and PREA coordinator.

### **Standard 115.368: Post-allegation protective custody**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.368 (a)

- ✦ Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 905 Juvenile Vulnerability Assessment Procedure  
DJJ 912 Sex Orientation and Gender Identity JD 32.7  
DJJ 318 Behavior Management 040519  
LCYDC Response to a Report of a PREA Violation  
SOP 912 Sexual Orientation and Gender identity  
SOP 908 response to violation  
Memo of Clarification 115.368 a-1-2

DJJ 908 DJJ Response to a Report of a PREA Violation mandates resident may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe and only until alternative means of keeping all resident's safe can be arranged. Lake Cumberland Youth Development Center provided a statement of fact that this facility does not house residents in isolation for a means of protective custody. Interviews the Center Director, assistant Center Director and PCM all stated they would develop a plan to protect the resident. If no other alternative is available, the resident could be moved to a

facility to isolate and protect the resident. During any period of isolation residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents in isolation shall receive daily visits from a medical or mental health care clinician. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is continuing need for separation from the general population. The facility has no historical record of ever utilizing segregation or isolation of a resident at Lake Cumberland Youth Development Center in order to protect residents from others due to a threat and allegation of sexual abuse or sexual harassment. Compliance was determined by review of policy interviews with Facility Superintendent and Program Supervisor (PCM)

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.371 (a)

- ✦ When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
  
- ✦ Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- ✦ Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- ✦ Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
  
- ✦ Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No

- ✦ Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- ✦ Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- ✦ When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- ✦ Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- ✦ Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- ✦ Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- ✦ Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- ✦ Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- ✦ Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No



### 115.371 (j)

- ✦ Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

### 115.371 (k)

- ✦ Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

### 115.371 (l)

- ✦ Auditor is not required to audit this provision.

### 115.371 (m)

- ✦ When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 102 Staff Code of Ethics  
DJJ 133 Ombudsman  
DJJ 140 Reporting of Special Incidents  
DJJ 142 Staff Involved in Special Incident Allegations  
DJJ 408.1 Forensic Information  
DJJ 901 Zero Tolerance  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 908 DJJ Response to a Report of a PREA Violation  
IIB-001 DJJ Case Assignment Investigations  
IIB-002 Receipt of Calls Hotline  
IIB-013 PREA Investigations

DJJ 908 DJJ Response to a Report of a PREA Violation establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. Kentucky Department of Juvenile Justice does not conduct their own investigations of sexual abuse and harassment.

Internal Investigative Branch or Department of Juvenile Justice Ombudsman investigates all allegations that are not criminal. Criminal Investigation or referred to the local law enforcement or to the Kentucky State Police (KSP) for investigation and determination of criminal charges. In cases that are criminal in nature the Facility Superintendent would contact the local law enforcement. In other cases, the IIB would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. The Ombudsman investigates resident on resident sexual harassment.

Kentucky Department of Juvenile Justice has requested the agencies that conduct allegation of sexual abuse or sexual harassment follow the PREA standards. The investigators of IIB have attended investigating sexual abuse in a secure confinement. Once the Internal Investigative Branch receives the notification of allegations of sexual assault or abuse the Unit assigns an investigator. Allegations that indicate imminent danger to a facility resident must be initiated immediately. Immediate action must be taken to assure the safety of the resident whenever the resident's safety is at issue. Immediate action could include contacting the facility superintendent, the Regional Division Director, the DJJ Administrative Staff, or the appropriate law enforcement agency for the facility. The contact is to assure the alleged victim is safe and will not have contact with the alleged offender at least until the investigation is complete. In allegations that indicate the resident may be imminent danger, personal contact with the alleged victim (telephone contact is acceptable) shall be made within 24 hours to assess the incident and assure their safety.

All allegations shall be evaluated on case-by-case basis to determine if the allegations are criminal in nature and should be submitted to law enforcement. Investigators shall be

cognizant that allegations that are clearly criminal in nature shall be reported to the appropriate law enforcement agency. All allegations involving sexual contact between a staff member and a resident are criminal violations and shall be reported to law enforcement. Once the law enforcement agency has been notified and agree to open an investigation, investigators shall not proceed with the investigation until the law enforcement agency or office management gives their approval. Communications concerning this approval shall be documented in the investigative report. Allegations that do not indicate imminent danger to a facility resident shall be initiated within 72 hours from the receipt of the complaint. Investigators should be aware residents at detention facilities may be at the facility for only a short time and may be difficult to locate after their release.

When an investigator receives an allegation involving one of the DJJ detention centers, the investigator shall determine if the involved youth has been committed to DJJ. If the youth is not committed to DJJ, the allegation shall be referred to the Division of Community Based Services (DCBS). The purpose of the referral is for DCBS to be aware of the allegation and to determine if it meets their criteria to open an investigation. Regardless of the decision DCBS makes, this office will continue the investigation once it has been assigned. If DCBS does determine the allegation meets their criteria to investigate, the investigator should, whenever possible, coordinate with DCBS to prevent multiple interviews with the residents.

The investigator should review any available information relevant to the allegation under investigation. This could include policies, regulations, and prior investigations that might relate to the current investigation. When reporting to the facility, the investigator shall notify the superintendent, or the highest-ranking official at the facility of their presence. If the superintendent is available, they should be briefed as to the nature of the investigation, unless the superintendent is a principal in the investigation. The superintendent, or their designee, should be utilized to obtain any documentation of the incident.

IIB-013 PREA Investigations mandates that once an allegation is received that meets the criteria of sexual abuse of a DJJ committed youth by staff, the allegation shall be assigned for investigation and the investigation shall be conducted and documented. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The investigation shall not be terminated solely because the source of the allegation recants the allegation. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. During the course of the investigation, an effort shall be made to determine whether staff actions or failure to act contributed to the abuse (Lack of Supervision). Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. When it comes time to interview the victim, at the request of the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member shall be permitted to accompany and support the victim during the interview. IIB staff have received training on conducting Sexual abuse investigation in a juvenile facility. The Director of IIB interview confirmed the credibility of the victim is based on evidence found, and that no

polygraph examination or truth-telling device is a condition for proceeding with an investigation.

Any criminal investigations are conducted by local law enforcement of Kentucky State Police and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in the Internal Investigations Branch in accordance with the state retention schedule. Interviews with Facility Superintendent and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

As part of the responsive planning Lake Cumberland Youth Development Center's staff are trained on protecting the crimes scene and cooperating with investigative units. There has been no allegation of sexual abuse made at Lake Cumberland Youth Development Center during the last 12 months.

Compliance was determined by review of first responder duties and interviews with PREA coordinator, IIB investigator and Facility Superintendent.

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.372 (a)

- ✦ Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

#### IIB-001 DJJ Case Assignment Investigations

IIB-001 DJJ Case Assignment Investigations requires that Investigators shall make a finding to the investigation of the incident. The investigator may make a finding of Substantiated, Not Substantiated, Exonerated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence).

Compliance of the standard was determined by reviewing the policy, investigative report, and interview with the agency PREA coordinator and PREA compliance manager.

### Standard 115.373: Reporting to residents

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.373 (a)

- ✦ Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

##### 115.373 (b)

- ✦ If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

##### 115.373 (c)

- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No

- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- ✦ Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- ✦ Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- ✦ Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- ✦ Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations  
JJ 906 Reporting and Investigating PREA Violations  
DJJ 715 Incident Reports  
DJJ 140 Reporting of Special Incidents  
DJJ Policy 9.18 PREA  
Memos of Clarification  
DJJ 321 Incident Reporting  
Investigative Outcome to Resident

The PREA policy mandates reporting to residents. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the allegations were determined to be unfounded) whenever:

- (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency center, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.
- (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
  - (1) The staff member is no longer posted within the resident's unit.
  - (2) The staff member is no longer employed at the center.
  - (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the center; or
  - (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the center; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the center.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency has developed a standard reporting form that requires the resident receipt of the information and allowed to discuss the findings with staff members. The facility does not conduct investigation. IIB will provide the information to the resident. There have been no allegations of sexual abuse or sexual harassment at this center. Compliance was determined by policies and procedures and statements of clarification from the facility superintendent that included the center has had no allegations to report to residents.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- ✦ Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- ✦ Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- ✦ Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No



## 115.376 (d)

- ✦ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- ✦ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 906 Reporting and Investigating PREA Violations  
DJJ 902 Personnel Procedures  
DJJ 142 Staff Involved in Special Incident Allegations  
DJJ 901 Zero Tolerance  
DJJ 105 Management Response to Work Guideline Violations  
DJJ 104 Code of Conduct  
Memo of Clarification

Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Compliance was determined by review of the policy, staff training curriculum, and interviews with PREA coordinator, and agency head.

1. All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.
2. Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.
3. All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the Kentucky State Police (KSP), unless the activities were not clearly criminal.

There have been no allegation of sexual abuse or sexual harassment. Further there has been no adverse action for staff for violation of PREA standards. Compliance was determined by review agency policies and interviews with agency designee and PREA coordinator.

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- ✦ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- ✦ In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 911 DJJ Staff PREA Education and Training  
DJJ 901 Zero Tolerance  
DJJ 104 Code of Conduct  
Memo of Clarification

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the policies require the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. There have been no incidents involving contractor or volunteers violating PREA standards. The center has an excellent training program for volunteers and part time contractors that reinforce this standard.

Compliance was determined by review of contracting staff files and interviews with Facility Superintendent.

### Standard 115.378: Interventions and disciplinary sanctions for residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.378 (a)

- ✦ Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

#### 115.378 (b)

- ✦ Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- ✦ In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- ✦ In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- ✦ In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- ✦ In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- ✦ When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- ✦ If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- ✦ If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- ✦ Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- ✦ For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.378 (g)

- ✦ If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 907 Resident PREA Education  
DJJ 906 Reporting and Investigating PREA Violations  
DJJ 901 Zero Tolerance  
DJJ 718 Disciplinary Review  
DJJ 717 Discipline  
DJJ 205 Youth Rights 040519  
DJJ 142 Staff Involved in Special Incident Allegations  
DJJ 318 Behavior Management 040519  
DJJ 318.1 Graduated Responses Sanctions and Incentives 040519  
DJJ 323 Isolation 040519  
Memo of Clarification

Several DJJ policies requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the KYDJJ Director of Program Services/ PREA Compliance Manager. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting PREA Audit. Sanctions to be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Policy requires consideration whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will make a consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. The Statement of Fact indicated during this audit period this facility has not had any incidents that require discipline for residents for having sexual conduct with staff.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

## **MEDICAL AND MENTAL CARE**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.381 (a)**

- ✦ If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### **115.381 (b)**

- ✦ If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- ✦ Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.381 (d)

- ✦ Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 905 Juvenile Vulnerability Assessment Procedure  
DJJ 723 Health Services  
DJJ 700 Detention Services Delivery System  
DJJ 404.3 Health Assessment and Physical Examination

DJJ 404.1 Admission Screening for Physical and Mental Challenge  
DJJ 403 Medical Records  
DJJ 132 Privacy of Health Information  
VASPAS Screener  
Sexual abuse assault form  
Mental health referral  
MAYSI assessment and Secondary  
Follow up form 381  
Mental Health Referral Form  
Sample ICR  
KY Statue 620.030 2020  
KRS 600.020 2020  
Statement of Fact

If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the Facility Superintendent or other intake officer shall document the information on the Follow up Notification Form.

Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

The medical and mental health staff interviews confirmed although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

The mental health staff meet with the resident during their arrival at the facility and only a weekly or monthly basis depending on the resident's needs, sentencing guidelines, and resident's requests. Interviews with the Mental Health Provide who also is the PREA compliance manager and utilizes this time to provide additional screening and education for the resident population.



Statement of fact provided during the past 12 months our facility has not had any victims of sexual abuse requiring referred medical or mental health treatment.

Exceed Compliance was determined by review of policy, intake screening documentations and interviews with mental health and medical staff, and facility superintendent,

## Standard 115.382: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.382 (a)

- ✦ Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

- ✦ If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- ✦ Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- ✦ Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

- ✦ Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Resident medical treatment forms  
DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 907 Resident PREA Education  
DJJ 723 Health Services  
DJJ 720.5 Social Services  
DJJ 404.6 Emergency Medical Services  
DJJ 402 Access to Treatment  
DJJ 205 Youth Rights 040519  
DJJ Policy 9.18 PREA  
Permission to release  
Statement of Fact

DJJ 908 DJJ Response to a Report of a PREA Violation requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. The facility utilizes Local Hospital for emergency medical treatment and the Kentucky Association of Sexual Assault Program for advocacy services in cases of sexual abuse.

The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive

information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation of the incident. The center shall attempt to conduct a mental health evaluation of all known resident-on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The center mental health practitioners will determine the length of treatment needed.

As part of the programs at Kentucky DJJ is the Social Services program. Each youth shall be assigned a Youth Counselor at intake. The Youth Counselor shall work under the supervision of the Facility Superintendent or qualified designee in coordinating the social service component of the program. The Youth Counselor shall provide and arrange for mental health counseling and crisis intervention services in accordance with identified needs. The Youth Counselor may work with the youth and family to ensure that appropriate community services are acquired to meet the specific needs of each youth. The Youth Counselor shall document all social service activities, counseling services and referrals in the youth's record.

Compliance was determined by review of policy, and interview with resident, mental health, and medical staff.

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

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.383 (a)**

- ✦ Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

##### **115.383 (b)**

- ✦ Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

##### **115.383 (c)**

- ✦ Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.383 (d)**

- ✦ Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.383 (e)**

- ✦ If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.383 (f)**

- ✦ Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

- ✦ Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.383 (h)**

- ✦ Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 908 DJJ Response to a Report of a PREA Violation  
DJJ 905 Juvenile Vulnerability Assessment Procedure  
DJJ 723 Health Services  
DJJ 720.5 Social Services  
DJJ 416.1 Infection Communicable Disease  
DJJ 405.5 Mental Health Emergencies  
DJJ 405.3 Referral for Mental Health Service  
DJJ 405.1 Mental Health Assessment Evaluation  
DJJ 405 Mental Health Services Administration & Personnel  
DJJ 404.11 Perinatal Care  
DJJ 404.6 Emergency Medical Services  
DJJ 404.3 Health Assessment and Physical Examination  
DJJ 402.1 Continuity of Care  
DJJ 402 Access to Treatment  
DJJ 400.1 Health Services  
DJJ 205 Youth Rights 040519  
(DJJ) Policy 9.18 (Prison Rape Elimination Act of 2003).  
Memo of Clarification

Kentucky Department of Juvenile Justice requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Local Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months.

The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or

placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation of the incident. The agency will conduct a mental health evaluation of all known resident-on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health Clinician. This would include working with the Victim's center advocacy program and revisiting the resident's treatment plan. The resident treatment plan is formulated by a team of care givers and is finalized by a review and in many cases an interview with an agency clinical director. The Youth Counselor may work with the youth and family to ensure that appropriate community services are acquired to meet the specific needs of each youth. The Youth Counselor shall document all social service activities, counseling services and referrals in the youth's record.

If the perpetrator were a resident, he/she would also be referred to the case manager and clinical director to review the resident's treatment plan and update appropriate mental health interventions.

The center shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been a perpetrator of sexual abuse in a juvenile center (substantiated investigations). The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care.

Compliance was determined by review of the first responder program, coordinated response plan and center policy. A review of a coordinated treatment plan following a finding of sexual abuse included all components of this standard. Compliance was also determined by interview with victim advocacy program, Sexual Assault Nurse Examiner (SANE) staff and review of the agency.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.386: Sexual abuse incident reviews**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.386 (a)**

- ✦ Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

**115.386 (b)**

- ✦ Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

**115.386 (c)**

- ✦ Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

**115.386 (d)**

- ✦ Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- ✦ Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- ✦ Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- ✦ Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- ✦ Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- ✦ Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

**115.386 (e)**

- ★ Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review  
PREA INCIDENT DEBRIEF Form 2020  
PREA Debrief Process

DJJ requires the superintendent or designee shall assemble a review team of management, supervisors, medical or mental health professionals, the Facility Prison Rape Elimination Act of 2003 (PREA) Coordinator and any other staff deemed necessary to conference and examine PREA incidents. Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, the review team shall review the case and:

- (a) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (b) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (c) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (d) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.



(e) Documentation for any recommendation not implemented shall be maintained.

Compliance was determined by review of the Incident Review Team Policy and interviews with the incident review team members, Facility Superintendent and PCM.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- ✦ Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- ✦ Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- ✦ Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- ✦ Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- ✦ Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- ✦ Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review  
 DJJ 900 Definitions  
 Ombudsman

DJJ policy requires the collection of accurate, uniform data for every allegation of sexual assault by each facility under the supervision of DJJ including contract facilities. The center collects, review and forwards data of sexual abuse or sexual harassment to the assistant regional director for review and approval. The center director forwards the completed data collection form to the PREA coordinator and Ombudsman. The Ombudsman maintains a PREA Incident Tracking system. The DJJ PREA Coordinator reviews the submitted data and has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2019 annual report revealed it was completed and in accordance with this standard. This information is on the facility’s website.

### Standard 115.388: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- ✦ Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- ✦ Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes    No
  
- ✦ Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes    No

#### 115.388 (b)

- ✦ Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes    No

#### 115.388 (c)

- ✦ Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes    No

#### 115.388 (d)

- ✦ Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes    No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SSV 2018 (Survey of Sexual Victimization)

PREA 2014

Ombudsman Memo of Clarification 115.388 a-1-1 2020

Annual Report 2018

DJJ Website Info

Memo of Clarification

DJJ 909 Data Collection and Review

DJJ 909 Data Collection and Review requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices, and training. A review of the 2019 annual Report indicated compliance with the standard and included all the required elements. The DJJ 2019 Annual Report is posted and readily available on the Kentucky DJJ Website for public review.

This data is used to improve the department as a whole and prevent sexual abuse. Problem areas will be reviewed and corrected as needed or at least once a year. The data collected will be compared to last year's data in order to find out if we have made progress in detecting sexual abuse and responded according to our policies. Any material that is redacted from the final report will be reported to the Agency PREA coordinator. LCYDC provided documentation that during this review period there have been no substantiated investigations requiring development of an action plan.

Compliance was determined by interview with agency PREA Coordinator, Agency Head Designee and review for Agency Website. During the review of 2019 data base, it was determined that the agency had four allegations of sexual abuse. Three were no substantiated allegations of sexual abuse or sexual harassment in the last 12 months.

## **Standard 115.389: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.389 (a)**

- ✦ Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### **115.389 (b)**

- ✦ Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- ✦ Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- ✦ Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DJJ 909 Data Collection and Review  
DJJ 149 Information Systems  
DJJ 132 Privacy of Health Information  
DJJ PREA Website  
Records Retention Schedule

DJJ 909 Data Collection and Review requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are

removed. The website included State and privately operated facilities. Compliance was determined by review of the website and interview with the agency PREA coordinator. LCYDC website is [http://djj.ky.gov/pages/prea\\_facility\\_report/Lake Cumberland Youth Development Center](http://djj.ky.gov/pages/prea_facility_report/Lake_Cumberland_Youth_Development_Center).

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- ✦ During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- ✦ Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- ✦ If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- ✦ If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- ✦ Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- ✦ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- ✦ Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

- ✦ Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 was audited in March 2017. There was no correspondence received because of the audit postings. The center provided a date stamp picture assuring the information remained on the center interior bulletin boards. The auditor visited all areas of the facility during normal workday and during sleeping hours. The appropriate staff to residents were always noted as compliant. The auditor was allowed to move freely throughout the facility and was provided all document requested during the in briefing and throughout the audit.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

## 115.403 (f)

- ✦ The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through <http://dji.ky.gov/pages/prea.aspx>.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

May 1, 2021

**Auditor Signature**

**Date**

\_\_\_\_\_

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c110> .

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.